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FAMILY PRESERVATION JOURNAL

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SPECIAL FEATURES

Editorial: Family Preservation Issues
Alvin Sallee

vi

ARTICLES

What is Family Preservation and
Why Does it Matter?
J. McCroskey

1

Family Preservation Research: Where We've
Been, Where We Should Be Going
Jane Yoo and William Meezan

25

Safety of Intensive In-Home Family Workers
Gwendolyn D. Perry-Burney

43

Family Preservation Services to At-Risk Families:
A Macro Case Study
Charles A. Sallee and Alvin L. Sallee

53

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9 8 7 6 5 4 3 2 1

iii

CURRENT RESOURCES

Supporting Families Through Short-term
Foster Care B: an Essay Review
Anthony N. Maluccio

70

Perspective on Review of Children Who
Could Have Been by Leroy Pelton
William M. Epstein

73

Response to William M. Epstein.
Leroy H. Pelton

77

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General Information

Manuscripts

The *Family Preservation Journal* is a refereed biannual publication. The *Journal* provides a forum for practitioners, administrators, researchers and educators to present and critically review programs, policy, practice methods, and research findings in the areas of family preservation and family support. The *Journal* is intended to positively impact the type and manner of services provided to families. Research and case studies from those delivering services are encouraged.

Manuscripts should conform to American Psychological Association style, with an optimal length of 18 pages, not to exceed 25 typed, double-spaced pages (excluding tables and figures), with an alphabetical list of references. Also include a diskette copy using WordPerfect v 5.1 or v 6.1, or v 8.0 for PC.

Provide five copies of the manuscripts; the title page only should list the author's name, affiliation, address, and telephone number. The author's name must not appear after the title page; only the title should appear on the abstract and first page of the text. Include an abstract of about 100 words.

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Editorial

Family Preservation Issues

Over the past 25 years plus of Family Preservation programs, several issues have emerged, sometimes over and over. In fact, whether or not a family focus will exist continues to be discussed in some quarters.

This Journal through numerous articles has explored these critical controversies. This Journal issue provides an overview of these issues and by doing so provides insight into the ongoing support and need for Family Preservation principles, programs, and values.

What is Family Preservation, what does the research show is effective practice, is there funding, and what policies should there be, are some of the questions addressed in this issue. Through reviews and responses to reviews, we are able to gain a better understanding of this still, developing multi-service, interdisciplinary methods of working in partnership with families.

Jacquelyn McCroskey addresses the first questions directly in her article, "What is Family Preservation and Why Does It Matter?" by reviewing more than 100 years of family services and philosophy. The questions raised by evaluations and research is the topic of the article, "Family Preservation Research: Where we have been and where we should be going," by Jane Yoo and William Meezan.

A major practice issue—safety—is explored in-depth by Gwendolyn Perry-Burney in her article, "Safety of Intensive In-home Family Workers." A survey of workers not only identified concerns, but also suggests for a training curriculum.

At the program and policy level, the implementation of Family Preservation in the nation's second largest state (and home of current President Bush) is reported in "Family Preservation to At Risk Families: A Macro Case Study," by Charles Sallee and Alvin Sallee. Funding streams, including titles IV A&B, XX, and TANF, are explained as well.

An expanded review of "Supporting Families through Short Term Foster Care," by Anthony Maluccio sheds light on this important approach in child welfare. LeRoy Pelton responds to William Epstein's reply regarding Epstein's book, *Children Who Could Have Been: The Legacy of Child Welfare in Wealthy America*.

It is hoped that this sharing of information and discussion will contribute to the improvement of the lives of children and families. While some may question, as we should, the effectiveness of Family Preservation it continues to be practiced from a family centered value base that is adopted more and more by individual practitioners, agencies and policy makers. And finally the real judge—families.

Alvin L. Sallee

What Is Family Preservation and Why Does It Matter?

Jacquelyn McCroskey

This paper describes competing ideas about family preservation, defined both as a defined program of social services and a philosophical approach to helping troubled families. A straightforward definition has become almost impossible because the phrase has taken on so many different meanings, provoking controversy about its "real" meaning and value. Indeed, "family preservation" has become the proverbial elephant whose splendors and horrors are described with great certainty by those impressed by only one of its aspects. While skirmishes between "child savers" and "family preservers" have been part of the child welfare field since its beginning at the turn of the last century, recent debates over family preservation have been especially heated, generating more confusion and animosity than might be expected from the ranks of the small and usually mild-mannered social work profession. The debate is so heated that the director of one of the nation's largest child welfare agencies said recently that he is afraid to "even use the two words on the same page." <1>

While the debate about the value of family preservation is unresolved, experimentation with different approaches to service delivery over the last two decades has helped to lay the groundwork for a resurgence of interest in family and community-centered reforms. Better understanding of the family preservation "debates" may be helpful if these reforms are to be successful over the long term. The paper discusses the competing ideas, values, and perceptions that have led observers to their different understandings of family preservation. It briefly chronicles the history of child welfare and examines key theories that have helped lay the groundwork for the resurgence of interest in family-centered services. It concludes with observations about how the competing values at stake in family preservation may affect the next generation of reforms.

Competing Ideas, Values, and Perceptions

How Do Family Preservation Services Fit into Child Welfare?

Responsibility for providing social services for troubled children and families rests with the 50 states, some of which have devolved operational responsibility to counties. Thus, although commentators sometimes refer to "the child welfare system," there are actually many more than 50 different child welfare systems in this country, each of which has its

own history and context from which have evolved different cultures and rationales for implementing child welfare functions.

The basic functions of child welfare are protective services, foster care, and adoption, the services that focus on protecting children from “bad” families and finding them new homes with “good” (or at least better) families. Most localities offer at least some “family-centered” services for the families of the vulnerable children they serve, although few can provide these services to all of the families who might benefit from them. Although family-centered services have taken center stage in many recent discussions about child welfare, they are still ancillary to these core child welfare functions as described by Kamerman (1998/99:3):

The services that fall under the rubric of child welfare services today include protective services (reports, investigations, and assessments), foster care (including foster family and home care, institutional care, and residential treatment), adoption services, and, more recently, family preservation and family support services. Family preservation services are services that are variously described as either “back-end services” (intensive, time-limited crisis services designed to prevent placement at the point that the child is to be placed) or “front-end” services, designed to intervene early and prevent more serious problems from occurring. Family support services are described as a package of services... to enhance parenting and prevent subsequent problems.... By far, the dominant components of the child welfare system, however, are protective services, foster care, and adoption services.

Each locality has a great deal of discretion about the types of family-centered services it offers, and because such services are still relatively new, unproven, and poorly funded, local services vary greatly. Some state legislatures invested in statewide family-centered services in the 70s and 80s, and some local agencies have partnered with foundations and non-profit agencies to develop family- and community-centered services. Other local child welfare agencies have only recently begun providing family-centered services, using federal funding which became available with passage of the Adoption and Safe Families Act in 1997 (Public Law 105-89).

Although a number of authors have asserted the importance of family-centered services in the child welfare “continuum” (McCroskey and Meezan, 1998; Pecora, et al., 1995; Pecora, Whittaker, & Maluccio, 1992), this vision has not been fully realized in most communities. A group in Los Angeles has taken the idea of a continuum even further, suggesting that the continuum should be structured around family needs, rather than fitting family-centered services into a continuum of child-oriented services. Advocates in Los Angeles developed a continuum of Family Support Services. <2> In this continuum, family preservation is defined broadly, including services to prevent families from becoming

known to the public child welfare agency, as well as services aimed at reunification. In other communities, such a broad definition of “family preservation” services might be at odds with prevailing views, but most would agree that a range of services designed to do more than protect children from serious abuse and neglect is needed regardless of terminology.

In brief, the answer to how family preservation fits into the continuum of child welfare services is “it depends.” In some places, family preservation is integral, in others, it is marginal. In some places, family preservation is used to prevent placement, in others to prevent the need for child protection, and in still others to reunify families whose children have been removed. In some places, family preservation is solely a function of the public child welfare agency, in others it is also used by other systems for other target populations (i.e., juvenile justice, mental health). Such differences in service design, implementation, and utilization have led to different perceptions about the meaning of the term and to different judgments about its worth.

Is Family Preservation a Service Delivery Model or a Philosophy?

A related question is whether “family preservation” refers to a particular model of service delivery, especially the Homebuilders model, which provides brief crisis-oriented services in response to “imminent risk” of out-of-home placement. Does the term refer to a specific kind of service or to a general philosophy, part of a developing set of ideas designed to improve the whole child and family services system? Gardner (1999:1) defines systems change as

a set of linked reforms that introduce stronger accountability for results; a greater emphasis on services that require the involvement of two or more agencies to be effective; new standing for stakeholders who are not now major decision-makers (especially parents and line workers); and greater redirection of resources now in the system toward programs that demonstrate their effectiveness.

In some places, people think of “family preservation” as including these elements (or at least some of these elements). For example, in Los Angeles, the Department of Children and Family Services (DCFS) has partnered with the Departments of Mental Health and Probation to contract with networks of community-based agencies serving high-need communities throughout the county. These family preservation networks include family members in multidisciplinary case review meetings, providing services up to a year or sometimes longer. Some of the 27 networks have used their experiences working together on behalf of maltreating families to develop new community-based family support services for all families (including job training, transportation, and summer activities for youth). The networks offer services for families referred by DCFS, but they also offer supports and resources to families after their cases have been closed by the public agency and to other

families in the community who were never known to the agency. One of the key goals of the plan was to increase the capacity of community-based agencies in the poorest areas of the county to provide a broad range of family-centered services. <3>

Some believe that family preservation is the leading edge of a family-centered strategy that can help to reform a dysfunctional system, while others see it as but one program in an increasingly long list of specific family- or community-oriented services. The first group focuses on the philosophy, while the second focuses on results achieved by specific models of service delivery. Approaching it from these different perspectives clearly leads to very different perceptions of its relevance and worth.

What Are the Goals of Family Preservation?

Such differences have also led to another source of confusion—what are the desired results of family preservation?

When used at the “front-end,” the goals of family preservation services may be to strengthen parenting, improve family functioning, and enhance child well-being. “Back-end” services focus on improving family functioning to prevent placement or to reunify families. So the answer to the question about the goals of family preservation is, once again, “it depends.” In some places, the goal is to strengthen families in order to prevent trouble. Others focus largely on preventing placement. Still others are concerned about renewing family ties when a child returns home from placement. Or there may be a mix of related goals designed to fit specific local needs. These differences have also fueled different perceptions about the desirability and value of family preservation services.

Who Benefits from Family Preservation?

Family preservation programs usually work directly with one or more parents or caregivers (i.e., relatives, guardians) of children who are known to be at risk of becoming known to protective services. This direct work with parents may also provide indirect benefits for children and other adult family members. As illustrated in Figure 1, family preservation programs may target somewhat different groups of families—*families facing serious challenges* (including those who have not yet been referred to protective services); *families putting children at high risk* (those who face such overwhelming problems that their children may need immediate out-of-home placement); and *families who could be reunified quickly or where reunification is a long-term goal*.

Because family circumstances can change quickly, there are no hard and fast lines between groups, but some of the differences between these possible target populations should be underscored. Alarms about risks to children who remain at home while their parents participate in family preservation services have focused primarily on one of these groups—families whose children are at immediate or “imminent” risk of placement. Media

reports in some communities linking family preservation services with child deaths and injuries have fueled justifiable indignation.

Many of those who are most negative about family preservation services, however, appear to believe that such services are offered to all parents, even those who have most grievously injured their children. But that isn't the case. The first job of the protective services worker is to decide whether a child can safely remain at home. These decisions are based on judgment calls in difficult circumstances and may not always turn out to have been justified, but no child welfare worker or agency wants to leave children in danger, even when they believe that there may be some possibility of eventually bringing the family together again.

Families are selected for family preservation services based on different kinds of criteria. In some places, parents who have no connection with the child welfare system can “volunteer” for family preservation services offered by community-based service agencies. In others, parents who have been referred to child protective services may be offered “voluntary” services when an allegation of abuse or neglect has not been substantiated. Families already entangled with protective services, because their cases were substantiated or their children are under court jurisdiction, are often referred to as “involuntary” cases. But there are considerable differences in family dynamics among such “involuntary” cases—and the degree of risk to children from remaining at home while parents “get it together” can vary substantially.

There may also be some benefits for public agencies, for service systems, and for communities from family preservation services. The primary point used to convince state legislatures about family preservation programs was that they would save public dollars by preventing out-of-home placement. Although there has been a good deal of controversy about the accuracy of such assertions, there may, indeed, be benefits in terms of savings or at least reallocation of costs in some jurisdictions.

Family preservation programs in some localities have been designed to expand the capacity of community-based service systems by developing new service sites, enhancing the skills of local agency staff, and increasing access to neighborhood-based, family-centered services. Such programs can also help parents find and use more preventive services, (i.e., immunization programs, Women Infant and Children feeding programs, food banks, etc.) benefiting the families, as well as the society that ends up having to treat fewer serious problems.

Thus, the answer to the question of who benefits from family preservation programs is not perfectly clear either. Benefits depend on how programs are designed and implemented, who the target populations are, what range of supports and services are offered, and what kinds of agencies and organizations are involved.

What Works Best?

There are also different interpretations of the research to date on specific models of family preservation. Does the research demonstrate that family preservation doesn't work because it doesn't prevent placement? Do some services improve family functioning and enhance child well-being? Or is the jury still out on appropriate ways to measure the outcomes of family preservation services (Pecora, et al., 1995; McCroskey & Meezan, 1997; McCroskey & Meezan, 1998)?

While some think of family preservation as a specific model of service (usually the Homebuilders model), others think of its potential as a community-based intervention for families with a much broader range of issues and problems. This approach suggests that family and child outcomes should be seen in a community context, reaffirming the beliefs of early social workers in the importance of community-based service delivery (Waldfoegel, 1998). It is not surprising that those who think the question of "what works?" is about documenting the impact of a specific service model come to different conclusions than those who want to enhance community-based services or to expand the profession's focus on families in the context of their communities.

How Important Are Families Anyway?

The last question in this section highlights the values dilemmas that have confounded the child welfare field throughout its history. When should social workers "save" poor children from families who aren't "good" enough? Who is to blame if we save them from "bad" families, but don't offer them anything better? What if they never find "good" families, and it turns out that even inadequate families could have helped children find identities and places in the world that they could not find on their own? How do we balance the "rights" of families who want to be preserved with those of children who need to be "saved"?

Unfortunately, the key underlying causes of family dysfunction—race, class, violence and substance abuse—are seldom addressed directly by service programs or by the social workers and court officers who make critical decisions about the lives of children and families. These professionals tend to make practical decisions—doing the best they can do with what they have to go on at the moment—while the big social questions of the day are debated elsewhere.

Some people believe that family preservation offers a way to expand the limited focus of child welfare decision-makers, balancing the impulse to "save" poor children of color from their "inadequate" families with a reform strategy that considers the social and economic barriers faced by poor parents, the color lines that still limit their possibilities, the violence and drugs that permeate their communities. Others believe that no service can, or should, address social inequality—and that setting up family preservation to do so is sheer folly.

Family Preservation Journal (Volume 5, Issue 2, 2001)
Family Preservation Institute, New Mexico State University

Such differences in values and beliefs make it difficult even to have a serious discussion about family preservation. Nor is it surprising that the term "family preservation" has become a kind of touchstone—signifying the failures of the past to some and hope for the future to others. The next section describes some key milestones in the early development of the social work profession that created the context for these competing views.

Child Welfare and the Development of Social Work

Some discussions of family preservation have assumed that it originated in the 1970s and 80s, and that analysis should therefore focus on recent history. The Homebuilders model, one of the most widely known models of family preservation services, was developed in the 70s based on work by Kinney, Haapala, and others in Tacoma, Washington (Kinney, Masden, Fleming, & Haapala, 1977). Other models for intensive family preservation services can be "traced to programs developed in the mid-1950s" (Reed & Kirk, 1998: 42). Key mid-century demonstrations of family-centered social work include the St. Paul Project (Geismar & Ayres, 1959), the Cambridge-Somerville Youth Project (Powers & Witmer, 1951), and the New York City Youth Board and Department of Welfare joint project (Overton, 1953) among others. Identification of the "battered child syndrome" and systematic implementation of protective service practices in the 1960s and 70s brought new demonstration projects designed to provide alternatives to letting children "drift" in foster care (Sherman, Phillips, Haring, & Shyne, 1973; Jones, 1985). But the roots of the controversy over family preservation services go back much farther—to the turn of the century beginnings of the profession.

Two Approaches to Social Services

In his history of supportive services for families, Robert Halpern (1999: 3) describes the emergence of two kinds of institutions designed to provide social services for the poor immigrant families who poured into urban America at the turn of the last century:

The new institutions and approaches were of two sorts. One, embodied in the settlement movement, was community-focused. ... The other, found in the emerging discipline of social casework, focused on individual and family adjustment. Both approaches seemed to proponents more powerful and constructive than charity and moral exhortation. Their mission—to strengthen the domestic practices of poor immigrant families and generally help them adjust to American society; to identify and address community and social conditions that undermined family well-being; to organize and build a sense of mutual support within poor neighborhoods; to reconcile cultural and class conflict; to address the consequences of, and when possible reign in, the worst excesses of industrial capitalism – was both ambitious

Family Preservation Journal (Volume 5, Issue 2, 2001)
Family Preservation Institute, New Mexico State University

and diffuse. It also set the stage for internal disagreement over purpose, emphases, and methods that would plague the service provision community throughout the century.

Both approaches were rooted in the charities and corrections movements, which emerged in the U. S. first in 1865 (based on the English model) with the creation of the American Board of Public Charities in Massachusetts (Specht & Courtney, 1994: 72).

The charities and corrections people were ruled by a fierce Victorian morality, and they were determined to uplift every fallen sparrow they came upon. ... They believed that human fortunes are determined largely by physical and biological forces, which a benevolent and enlightened upper class can control through social engineering and use of new intellectual tools from the developing sciences of eugenics, sociology, anthropology and psychology.

This Victorian world view, which could readily envision a productive combination of morality and science, still confounds much of the work of the social work profession. Are we about "science" or are we about what is "right"? When science supports what we believe, the path is clear. But when it doesn't, do we doubt science or doubt our beliefs? In an era that sometimes doubts both, it can be difficult to know what to do. Many of the most passionate arguments about family preservation are about what to do when the twin poles of science (research) and morality (belief) are not in alignment.

The first American branch of the Charity Organization Societies or COS (also an English import) was established in Buffalo in 1877, and by the turn of the century there were branches in a number of American cities. The COS philosophy, based in "scientific charity," provided a systematic method for assessing the needs of the poor. "Friendly visitors" who completed a "social investigation" in the family home advised the poor to help themselves. Help was based on the advice and counsel of this "friend" rather than on financial contributions or relief. Their work established the foundations of the social casework approach.

COS principles were simple: to create an "independent" poor with "backbone," no material aid was to be given to them except in emergencies, and then only on a temporary basis; volunteers, usually women, were to counsel the poor as "friendly visitors"; and philanthropy was to be placed on a businesslike footing. The COS would investigate, collate data, and proffer advice, although its coercive, moralistic tone was not lost on the poor (Walkowitz, 1999: 33).

The early work of Mary Richmond and other COS leaders who developed the practice framework for social casework, pioneered what were to become key professional skills—client engagement, assessment, intervention, and evaluation (Richmond 1917, 1922). But latter day social workers changed the emphasis of casework by putting their faith in

psychoanalytic rather than social explanations of need. As Specht and Courtney (1994: 75) note, these skills had taken on very different meanings by the middle of the century:

Over the next fifty years, the scientific investigation evolved into the clinical interview; the faithful friend turned into, first, the social caseworker and, later, the psychotherapist; and the personal influence came to be exercised through a therapeutic relationship.

The other strand of social invention at the beginning of the century was the settlement house. The best known American settlement house, Hull House, was established by Jane Addams and her colleagues in Chicago at roughly the same time that Richmond was developing methods of social investigation and diagnosis. Proponents of the settlement house movement focused their attention on large-scale social and economic conditions in urban areas. They also moved into settlement houses located in the hearts of poor urban areas, creating community-based havens where immigrant families could find a broad range of supports for their families, including kindergartens, English classes, health care and social activities.

Development of local Societies for Prevention of Cruelty to Children (often affiliated with Societies for Prevention of Cruelty to Animals) also marked an important turning point, laying the groundwork for child protection as a specific field of social work practice. Many of the early SPCC agents did not model themselves, however, on either social caseworkers or settlement house workers. Instead, they saw themselves as law enforcement agents, and the agents of some societies even had police powers (Folks, 1902: 174). In 1902, Homer Folks described the attitudes of "the Cruelty" (pp. 176-77):

The influence of "cruelty" societies as a whole has been in favor of the care of children in institutions, rather than by placing them in families. So far as known, none of the societies have undertaken the continued care of children rescued by them, but all have turned them over to the care of institutions or societies incorporated for the care of children. ... Usually they have not cooperated to any extent with placing-out societies, perhaps because of being continually engaged in breaking up families of bad character, but have rather become the feeders of institutions, both reformatory and charitable.

Without detracting from the great credit due to such societies for the rescue of children from cruel parents or immoral surroundings, it must be said that their influence in the upbuilding of very large institutions, and their very general failure to urge the benefits of adoption for young children, have been unfortunate. Probably their greatest beneficence has been, not to the children who have come under their care, but to the vastly larger number

whose parents have restrained angry tempers and vicious impulses through fear of “the Cruelty.”

Education for Social Work

During the first few decades of the century, some social activists worked to bring the new social science disciplines of sociology, economics, and political science to universities, linking university-based disciplines and activist reformers. By the 1920s, however, these fledgling disciplines were proving their worth in the university by asserting their specialized knowledge and rigorous standards of science—a development that put more distance between academic “scientists” and their former colleagues, community-based activists from the settlement houses and other reform movements.

Several universities created professional schools of social work at about this time, moving their reform-oriented courses out of sociology and the other social science disciplines and into departments of social work in order to differentiate the “scientific” standards of the social science disciplines from the “applied” concerns of a practical profession (Reuben, 1996). The partnership between “science” and “morality” that had been envisioned in the early days of the social sciences frayed quickly, reserving the brain work of the social sciences for proper academicians and leaving implementation to professional social workers. This separation not only diminished the status of social work within the university, but reinforced the gender roles that classified social activism as women’s work.

This institutional change sharpened gender divisions within academia; moral concerns were related to the “feminine” profession of social work, while science was associated with “masculine” virtues of detachment and impartiality (Reuben, 1996: 207).

Dynamic Tensions in Child Welfare Practice

Clearly many of the dynamic tensions inherent in child welfare throughout the century can be traced back to its double roots in the social reform tradition of the settlement houses and the individual treatment tradition of the COS (Haynes, 1998; Abramovitz, 1998). Many of the troubling aspects of today’s child welfare practice are also rooted in these early experiences, including

- focus on punishing bad parents rather than assuring that children have better alternatives
- placing children who have been “saved” from bad families into protective institutions rather than seeking adoptive families
- reliance on fear and sanctions rather than education and information for parents

Family Preservation Journal (Volume 5, Issue 2, 2001)
Family Preservation Institute, New Mexico State University

- the social worker’s role as enforcer of middle-class standards of child rearing rather than as family “friend” who can translate across linguistic and cultural lines
- “saving” children from their immigrant families rather than helping families to understand American child caring customs
- prevention of maltreatment by scaring parents into “better” behavior
- focus on the behavior of individual families rather than community-based reform

Perhaps one of the reasons that family preservation has been such a touchstone of controversy is that it highlights many of these unresolved issues, generating discussion about basic differences in professional beliefs and values that are seldom taken head on.

The Complications of Culture, Race, and Class

Another set of complications that has distorted child welfare practice since its beginnings is caused by the difficulty of talking sensibly about the welfare of children across the gulfs of culture, race, and class. Victorian era charity and corrections movements were based largely on notions of *noblesse oblige*, the duty of the better off to provide role models for their less fortunate neighbors. Most of those who founded both the COS and settlement houses were upper-class women who wanted to fulfill their responsibilities to the less fortunate, while also finding work for themselves in a society that radically limited possibilities for women. Thus, the attitudes of the profession were largely formed by upper-class white women who, as they became professionals, took their responsibility to uphold society’s moral standards very seriously. Many functioned as guardians of those standards, trying to persuade immigrant families from all over the world to behave more like “sensible” Americans.

In *Twenty Years at Hull House*, Jane Addams (1910: 84) tells a story about a teacher’s attempts to impart temperance principles to an Italian mother whose five-year-old daughter came to kindergarten having breakfasted on wine-soaked bread:

The mother, with the gentle courtesy of a South Italian, listened politely to her graphic portrayal of the untimely end awaiting so immature a wine bibber; but long before the lecture was finished, quite unconscious of the incongruity, she hospitably set forth her best wines, and when her baffled guest refused one after the other, she disappeared, only to quickly return with a small dark glass of whisky, saying reassuringly, “See, I have brought you the true American drink.” The recital ended in seriocomic despair with the rueful statement that “the impression I probably made upon her darkened mind was that it is the American custom to breakfast children on bread soaked in whisky instead of a light Italian wine.”

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Social workers still struggle with how to communicate across such deep differences in understanding and experience. How do we develop cultural competence—the ability to work competently across cultures—when even trying to talk honestly about race and class can feel like walking in a minefield? And when these same social workers have the power to take away your children, the stakes are very high indeed. No matter how culturally competent and responsive the individual social worker, it is well to keep in mind that part of our professional heritage is from the “friendly visitor” who felt that it was her duty to judge the moral worth of poor parents.

Walkowitz (1999) examines a key aspect of this role in his book, *Working with Class, Social Workers and the Politics of Middle-Class Identity*. Noting that most Americans today identify themselves and their families as middle class (including those who earn \$20,000 as well as those who earn \$200,000 a year), he examines confusion about class identity by focusing on social workers (Walkowitz, 1999: xi):

The history of social workers involves salient features of modern identity formation in America. First, since social workers were a predominantly, but not exclusively, female labor force that by mid-century serviced a predominantly African American and Hispanic client population, gender and race were always central to how they thought of themselves and their work... More important, though, as paid workers occupying a liminal social space between wealthy volunteers and board members who claim agency authority on the one hand and the poor who are dependent on them for aid on the other, social workers play a central role in twentieth-century class formation in America. Indeed, in their daily work of determining eligibility for private philanthropy or public relief, social workers patrol the borders of class.

Recent Evolution of Family Preservation

The 1950s and 60s were a period of rapid development for the social services, but by the 1970s it was clear that there were serious holes in the social “safety net.” People questioned the large-scale institutions caring for the retarded and mentally ill. Exposés about the treatment of inmates in hospitals, prisons, and correctional facilities underscored doubts about institutional care for many vulnerable groups. Community-based care in smaller settings looked like a more sensible alternative, especially when deinstitutionalization also offered the promise of cost savings. Unfortunately, the promises of community-based alternatives for status offenders and the mentally ill who were released from institutions were never realized.

The child welfare system was dealing with related problems at about the same time—increasing numbers of child abuse reports and increasing numbers of children removed from family homes only to “drift” in foster care. By 1980, the beginning of the Reagan “revolution,” it seemed that we were caught in a nightmare—out-of-home

placements were going up while federal resources for a broad range of child and family services program were decreasing—and the protective services system seemed like it would soon become the only possible source of help for needy families.

The need for prevention and early intervention services that could help families before problems escalated to the point of abuse was clear, but where would the money come from? Experimentation with family-centered services programs had been on-going in a low key way, until one of these programs was brought forward with a good deal of fanfare. The Homebuilders program was a crisis-oriented, short-term, home-based, intensive treatment program for families intended to prevent out-of-home placement (Kinney, Madsen, Fleming, & Haapala, 1977).

In the early 80s, the Edna McConnell Clark Foundation undertook to showcase the Homebuilders model nationally... [The foundation] invested over \$30 million to market the Homebuilders model to agencies and legislatures around the country. These efforts were complimented with additional support and funding leveraged by the Annie E. Casey Foundation. By any measure the effort was a success, capturing the interest of child welfare agencies everywhere (Lindsay & Doh, 1996:41).

In brief, the model suggested that the answer to the question of where to find money for preventive services was to invest some “back end” child welfare placement money in “front end” prevention services. This solution appealed to state legislators.

Supported by programs of research in state and local agencies and at the Children’s Bureau of the U. S. Department of Health and Human Services, by the requirement of the Adoption Assistance and Child Welfare Act of 1980 (P. L. 96-272) that states undertake “reasonable efforts” to prevent placement, by widespread belief that a continuum of child welfare services should include options for families besides placement, by advocacy of the Edna McConnell Clark and other foundations, and by modifications of Title IV-B of the Social Security Act (under the Omnibus Budget Reconciliation Act of 1993, P.L. 103-66), family-centered services grew rapidly in the 1980s and 1990s (Fraser, Nelson & Rivard 1997: 139).

Some authors expressed their reservations about the impact of family preservation on children (Wald, 1988), the need for structural reorganization of the system (Pelton, 1992), and whether services alone could combat the effects of poverty (Lindsay & Doh, 1996). Some from outside the field raised questions about “family values”—did social workers support the rights of families against those of children? Some deplored the “ideology” of family preservation:

It stands for the proposition that nearly all families, no matter how dysfunctional or abusive, can be put right with the proper mix of therapy and social services (Mac Donald, 1994: 45)

By and large, however, social workers celebrated the advent of family preservation services. Latter-day family preservation programs have borrowed from their predecessors, building on their strengths and trying to resolve their problems. And they have struggled with the paradoxes inherited from a century of professional experience intervening in the lives of families and children. The latest generation of efforts to preserve families also builds on the theoretical insights described in the following section.

The Theoretical Context of Family Preservation

Halpern (1999:24) suggests several reasons for the “puzzlingly repetitive quality” of reform:

Reform can be seen as repeated responses to chronic concerns that are periodically reactivated: about dependency among the poor, out-of-wedlock childbearing, the adequacy of childrearing practices in poor families, the social threat posed by the behavior of poor youth. ...

A second reason for the repetitive quality of reform may be the reconceptualization of old strategies through the use of new theories and knowledge. Social casework has been repeatedly renewed, through psychoanalytic theory, behavior theory, and various systems theories. The old goal of family preservation was reinvigorated using family systems and crisis theory.

Social learning theory and the ecological perspective have also been called upon to support different models of family preservation. These theoretical underpinnings of family preservation are described briefly below:

Crisis Theory

Often cited as the explicit theory base behind the Homebuilders model and other intensive, short-term family preservation program models, crisis theory holds that a “crisis” that cannot be resolved easily produces a state of disequilibrium during which people can be helped to achieve new insights and to change their behavior (Caplan 1964). The window of opportunity for change is brief, only a few weeks before people adapt and regain equilibrium.

Crisis theory assumes that services offered during that disequilibrium are better able to help families find adaptive resolutions. Conversely, the helping messages of crisis services may be obstructed by family members’ reduced ability to function

as individuals and as a family at a time of confusion and discontinuity. Crises represent opportunities, but they are also stressors, which draw on resources needed to change (Barth, 1988:93).

Some question whether families who have been involved with the child welfare system for long periods of time, families who are used to disruption, experience a report of child abuse or neglect as the kind of “crisis” posited by the theory. Many families known to the child welfare system seem to live in a constant state of chaos, surviving from one crisis to the next on their wits and with a little bit of help from friends and family.

Family Systems Theory

Rather than a single theory about how family systems work, there are several variants developed by a number of theorists. Perhaps the most widely known by social workers are Satir’s conjoint family therapy (1982), Minuchin, et al’s structural family therapy (1967), and Haley’s strategic family therapy (1963). The contributions of this school of thought to practice in family preservation have been central to the development of many family preservation service models:

First, the family unit is the focus of assessment and treatment. An individual’s problems are assessed, but the problems are viewed within the context of the family; specifically, how the problems affect family relationships and interactions. Treatment is then directed toward the individual, other family members, and the family group. Second, family members influence one another in an attempt to achieve a balance within the family. To treat an individual family member means altering the current balance in the family, and this alteration must be assessed and addressed. Third, families have inherent strengths (Reed & Kirk, 1998: 49).

Social Learning, Behavioral and Cognitive Theories

Many who believe in brief, strengths-based models of intervention also rely on cognitive or behavioral interventions to reinforce positive parenting behavior and discourage negative behavior. Social learning theory suggests that the traditional psychodynamic approaches of clarifying thinking and “getting in touch” with feelings may not result in changed behavior without reinforcement (Bandura, 1977). Social learning theories also suggest that family members can learn from each other, and from others in their extended social networks, as well as from practitioners. Some have suggested that such approaches promise more than they can reasonably deliver from a brief intervention, given the confusion and chaos that often surround families known to the child welfare system. Others believe that social constructionist approaches, which assume that perceptions are constructed based on people’s

understanding and experiences, can be very effective with even the most overwhelmed parent if the worker focuses on demonstrable behaviors that can be learned and reinforced.

I recently heard from a social worker who wanted to help a young single parent, mildly retarded mother to relax when around her new born—the social worker taught her how to breathe deeply and sing “this little piggy went to market...” when feeding her baby. Her task was to breathe deeply and sign this song for the next day, and when accomplished they celebrated it!

...I think it carries the hallmark of good behavioral and constructionist practice—it is concrete and strength building, solution oriented, as focused on [the client's] self-concept as it is on good parenting skills. ... Effective programs are seeing that this type of intervention goes beyond clinical technique. It goes to the core of meaning for overwhelmed parents and children—it empowers and builds on strength. But self talk, cognition, and self-esteem are not enough—these internal concepts of theory do not address the larger dimensions of the outside world (Friedman 1996: 12).

Ecological Perspective

The ecological paradigm defined by Bronfenbrenner (1979) and others, and developed as a social work perspective by Germain (1979), addresses some of the limitations of specific clinical theories by asserting that transactions between individuals, families and their surroundings are constant and ongoing. The perspective provides a metaphor (a set of nested circles like the layers of an onion) that portrays complex patterns of relationships—a child within a family that is itself within a community and a society. These notions have been readily adopted by social workers, in part because they resonate with the profession's dual roots in individual practice and social reform.

... ecologically-based interventions have the highest level of concern with addressing environmental impingements on a family or child's functioning. The need for interventive efforts to span home, school, and community is explicit in the theory... The emphasis of the ecological model is to determine ways to achieve family goals rather than to modify family structure or provide new skills for family interaction (Barth, 1988: 107).

The implications of these theories for practice can be quite different. When drawing primarily from crisis theory, family preservation is a short-term clinical approach to treating family dysfunction during a period of crisis. If drawing primarily from social learning or cognitive theories, family preservation provides an opportunity to model and reinforce

improved parenting behaviors for parents who are motivated to learn (if only because they fear removal of their children). If drawing primarily from family systems theory, family preservation is an opportunity to engage the entire family in understanding and reorganizing its negative interactions. If drawing primarily from the ecological perspective, family preservation is a way to address the family's social and economic needs, improving relationships with those who can offer support and understanding.

These theoretical underpinnings of practice are not, of course, mutually exclusive. Over time, each practitioner develops his or her own approach, often based on a combination of theories and practical methods that have worked. Each program also develops its own theoretical gestalt, a combination of concepts and ideas that provide direction for that program in its own context. One of the key variables is differences in the target population served. For example, Dore (1991: 127) suggests that there are some differences in the theory bases that support intensive family preservation programs designed to serve child welfare, mental health and juvenile justice populations. While child welfare programs rely primarily on crisis intervention, social learning and ecological perspectives, mental health programs rely on systems theory, theories of stress and coping and psychodynamic theories, and juvenile justice programs rely on systems and social learning theories.

These theories focus primarily on the adult members of the family, suggesting why and how intervention in dysfunctional family situations might be effective. Rather surprisingly, very little has been written about the theory base for treating maltreated children. Child development theories that could offer conceptual direction for intervention with children include the transactional approach to child development, attachment theory and resiliency theory.

Transactional Models of Child Development

Much of the current research on child development is based on a transactional model developed by Sameroff and others that “explains behavioral outcomes as the mutual effects of context on child and child on context” (Sameroff & Fiese, 1990: 119). The model suggests that developmental outcomes are not linear; rather, they are transactional, the result of dynamic and continuing interactions between the child and his or her environment. One of the practice implications is that, just as children develop over time, changes in interactions between parents and children will be incremental and mutually reinforcing over time.

Attachment Theory

Attachment theory has long held that secure emotional bonds between parents and their children are essential if children are to grow and develop normally. Early research by Bowlby (1969) showed dire results for institutionalized children. In response to the

argument that child care would diminish attachment between parents and children, a number of studies were designed to assess the impact of child care on mother-child attachment. These studies have revealed a good deal about how children with insecure emotional attachments behave (Ainsworth, et al., 1978). Most of that literature shows that childcare does not disrupt the emotional bonds between parents and children, except possibly in the cases of very young children (Belsky & Cassidy 1994). Few, if any, such studies have been carried out in the child welfare arena, however, where it might be supposed that risks to the emotional development of children from disrupted attachments are even more severe. Focused efforts to assure emotional attachment between parents and children could improve the well-being of children and improve the outcomes of family preservation services.

Resiliency Theory

Resiliency theory suggests that protective factors may offset the negative effects of risk and stress for child development (Garmezy, 1994). Some children appear to have the capacity to overcome adversity while others appear to be especially vulnerable to its negative effects. The sources of protection found in the Kauai study (Werner & Smith, 1992) and in other research include: personal characteristics of the child (including infant behaviors that evoke a positive response from adults, optimism and self-direction); strong connections with a caring adult during the first few years of life; social supports available to the caregivers; and mentoring relationships with adults throughout childhood and youth. While these factors can protect children from negative developmental consequences, some may pay a price for their resilience later in adulthood (i.e., difficulty in relationships or compromised health).

Using these theories about child development to enrich the theoretical and conceptual bases of family preservation programs would enhance the power of intervention both in the short and long term. Some of the research to date has included assessment of the impact of family preservation programs on family functioning; future work should also include more analysis of the impact of changes in family functioning on the development and well-being of children.

The Family Preservation Debates

Even if my mom was to come up to me and tell me, like "I love you," I wouldn't feel the feeling like an ordinary kid because I wasn't raised to be loved or something (former foster youth, age 19, in Smith, 1996: A12).

Everyone agrees that "graduating" from the child welfare system feeling like you weren't raised to be loved is a bad thing, but, after more than a century of experimentation, we can't seem to figure out how the state can be a better parent to the children it tries to save. The underlying dilemma is that referral to child protection is sometimes the only service

available for families beginning to face problems, as well as the last resort for other families who have been in and out of the system for years. The families who are referred to family preservation programs by child protection workers can include both those with deep intransigent problems with little hope of solution, as well as those who might, with help, find lasting answers. They include families that have failed in or been failed by other systems—parents who abuse alcohol and other drugs, those with developmental disabilities, serious emotional problems, health crises, poor education, and little earning potential—as well as those who only need temporary help to improve their situations.

In order to respond effectively to such a broad range of family difficulties, we need to expand the continuum to include more, rather than fewer, kinds of family- and community-centered services. Child welfare needs to overcome habits of isolation formed during the leanest years, and learn to look outward (beyond the profession to community members, faith-based groups, and others who care about children) for partnerships rather than inward for reinforcement. We need to challenge ourselves to rise above insider debates, to discuss options in terms that the public can understand, and to develop new ways to improve outcomes for both children and families. In that context, the debate about whether or not family preservation is "the panacea" for child welfare does not make a lot of sense.

Family preservation services cannot take the place of out-of-home care or adoption for children whose safety and well-being are at risk. They cannot take the place of substance abuse treatment, mental health or health services, or any other services that parents need in order to offer their children a safe and nurturing home. Nor will the family support and preventive services needed in almost every community offset all need for child welfare services. One kind of service does not fit all needs.

We need to look beyond narrow definitions of family preservation service models to the philosophical issues at stake. We need focus on the policy changes and technical advances that must be made in order to develop a broad range of effective family- and community-centered services. Deeper levels of discussion about what we have learned from the past twenty years of experimentation are long overdue. Such discussions might help to resolve some of the most difficult and troubling questions in the field:

- what do we mean by and how do we measure child well-being?
- what are the connections between family functioning and child well-being?
- how does community context affect family functioning and child well-being?
- how do we track connections between family functioning, child well-being, and utilization of child welfare services?
- how do we improve data collection systems to link assessment, intervention, and outcomes for both children and families?
- how do we increase emphasis on child well-being without losing sight of safety and permanence?

- how do we participate in development of practical indicators of child and family well-being that could be shared across service systems and that make sense?
- how do we use the opportunities inherent in multiple parallel reform efforts to test measures, programs, and theories?

These are the kinds of questions that require attention because they can help to guide the next generation of reforms.

Above all, we need to use what we have learned to formulate policies that focus not just on protecting children but on supporting families and improving community development. In the final analysis, the debates over family preservation will matter not because they showed who was right and who was wrong about specific service delivery models, but because they informed the development of more effective approaches to supporting families and children. They will matter if we can rise above the rhetoric and apply all that we have learned so that we don't make the same mistakes in the future.

Notes:

1. Jess McDonald, Director of the Illinois Department of Children and Family Services. (1999). Children's Institute International, Second National Forum, Solutions for Children in Crisis, Los Angeles, CA.
2. The continuum was developed in 1991 by members of the Family Preservation Policy Committee, a committee of the Los Angeles County Commission on Children and Families (of which the author was a member), as part of their planning for the Los Angeles County approach to family preservation. This version has been adapted to reflect changes since that time.
3. For example, the family preservation approach in Los Angeles County is based on community family networks, "a service delivery system for protective services children, probation youth and their families comprising 243 funded and 423 linkage community agencies working in concert within 27 networks and 20 communities." (Los Angeles County Department of Children and Family Services, 1998). For further information, write: Department of Children and Family Services, 425 Shatto Place, Los Angeles, CA 90020.

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Family Preservation Research: Where We've Been, Where We Should Be Going

Jane Yoo and William Meezan

Although the literature has provided many critiques of research done on family preservation programs, these critiques have usually been limited to the studies' assumptions, approach, or methodology. Because of the nature of these critiques, suggestions for future research in this field of practice have been scattered throughout the literature and have not benefitted from a wider historical perspective.

This paper examines the historical evolution of family preservation studies in child welfare and suggests future directions for research in the field. Among the suggestions the authors posit are (1) research questions should be framed by what we know about improvements in the lives of families and children served by family preservation programs; (2) future explorations should include areas that have received relatively little attention in current research, including the impact of organizational conditions on service fidelity and worker performance; (3) newer treatment models, particularly those that provide both intensive services during a crisis period and less intensive services for maintenance, should be tested; (4) data collection points in longitudinal studies should be guided by theory, and measures should change over time to reflect the theoretically expected changes in families; (5) complex measures of placement prevention and other measures that capture changes in family functioning, child well-being, and child safety, should be utilized to obtain a full picture of program effects; and (6) multiple informants should be used to provide data about program effectiveness. In addition, the authors will argue that the field should carefully consider the amount of change that should be expected from the service models delivered.

Introduction

Efforts to address the objectives of the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) and the Family Preservation and Support Services program of 1993 (PL 103-66) have been apparent in the undertakings of practitioners to preserve families and in the efforts of researchers to study the effectiveness of family preservation programs. Research efforts in the child welfare field have demonstrated both contradictory and equivocal findings (Blythe, Salley, & Jayaratne, 1994; Fraser, Nelson, & Rivard, 1997). Because of

these results, and newer policy mandates that focus attention toward child safety and adoption (Adoption and Safe Families Act of 1997, PL 105-898), research into family preservation programs has slowed considerably. Yet, since family preservation continues to be a goal of the child welfare system as evidenced by the Promoting Safe and Stable Families Program (also mandated under PL 105-89), research efforts to improve our understanding of these programs and their effectiveness continue to be important.

While others have offered directions for future research, these suggestions have seldom been grounded in a perspective that considers the broader historical development of the field. This paper attempts to contribute to shaping the research agenda of the field by suggesting future research directions from a perspective that extends beyond the analysis of the limitations of existing studies. It examines the historical evolution of family preservation studies in the child welfare field, focusing on the research questions that have been addressed, the treatment models that have been studied, the methodologies that have been employed, and the findings that have emerged from past efforts. Its purpose is to suggest what might be explored in the future to further work in this critical area of child welfare practice.

Research Questions

Where We've Been

Previous research has explored two important and related questions. On the descriptive level, studies have explored the conditions that prevent or lead to permanency placement, in particular, returning home and adoption (e.g., Barth, 1997; Barth & Berry 1987; Barth, Courtney, Berrick, & Albert 1994; Courtney, 1994; Davis, Landsverk, Newton & Granger, 1996; Emlen, Lahti, Downs, McKay, & Downs, 1977; Fanshel & Shinn, 1978; Festinger, 1996; Jones, Neuman, & Shyne, 1976; Landsverk, Davis, Granger, Newton & Johnson, 1996; Maas & Engler, 1959; Meezan & Shireman, 1985; Rzepnicki, 1987; Shyne & Schroeder, 1978). On the experimental level, studies have tested the effectiveness of interventions that have been designed to keep children at home (AuClaire & Schwartz, 1986; Feldman, 1990; Fraser, Pecora, & Haapala, 1991; Jones et al., 1976; McCroskey & Meezan, 1997; Stein et al., 1978; Schuerman, Rzepnicki, & Littell, 1994; Yuan, McDonald, Wheeler, Struckman-Johnson, & Rivest, 1990); to return children home in a more timely fashion (Jones, Neuman & Shyne, 1976; Stein, Gambrill & Wiltse, 1978; Maluccio, Fein, & Davis, 1994; Nugent, Carpenter, & Parks, 1993; Walton et al., 1993); and to enhance decision making in child protective services (Stein & Rzepnicki, 1983; Walton, 1997). Furthermore, research themes that were recognized in the 1970s have influenced recent studies, including the use of child and parent characteristics and service variables as mediators of outcomes (AuClaire & Schwartz, 1986; Feldman, 1990; Fraser et al., 1991; Leeds, 1984; Landsman,

1985; Lewis, Walton, & Fraser, 1995; Meezan & McCroskey, 1996; McCroskey & Meezan, 1997). And outcome measures beyond placement status, such as change in child and family functioning that were seen as adjunctive in early studies (e.g., Jones, et al., 1976; Feldman, 1990) have resurfaced as critical in recent years (McCroskey & Meezan, 1997; Wells & Whittington, 1993).

Where We Should Be Going

Given recent demands for accountability, it is not surprising that many contemporary studies have focused on testing the effectiveness of family preservation services in their various forms. However, the wealth of knowledge gained from descriptive studies should inform the evaluation questions asked. While the question of whether or not an intervention is effective might be seen as the overarching research question, factors associated with various types of change (both status and functional) should be explored in future studies. Thus, evaluation questions can be framed by the factors that we know influence entry into and exit from the foster care system.

Framing questions using these descriptive variables as mediators and moderators allow us to determine more than whether a program "works;" it allows us to understand for whom the program works under what conditions. Among the factors that might be controlled to better understand this efficacy of a program include child characteristics (e.g., demographics, psychosocial characteristics, clinical status, trauma history, placement history), family characteristics (e.g., demographics, functioning, mental health status, co-occurring problems); family interactions during visits (e.g., affection displayed, appropriateness), and foster family characteristics (e.g., demographics, family size, family functioning, motivation, role perception, role satisfaction, presence of other children) if the program is attempting to reunify families (James & Meezan, under review).

Some studies have understood the importance of such factors in better explaining program outcomes (e.g., McCroskey & Meezan, 1997). Others have explored limited moderators of service outcomes. For example, studies have examined the differences in service outcomes between neglect and physical abuse cases (e.g., Berry, 1993; Bath & Haapala, 1993). Yet more research of this type, using a greater number of difficult-to-capture variables, is needed to further our understanding of program outcomes. Particularly important are the impacts of the co-occurrence of child maltreatment with substance abuse, domestic violence, poverty, and mental illness on program outcomes.

In addition to looking at these individual and interpersonal mediating and moderating variables, program outcomes should be explored in relation to the ways in which the service is actually provided. One might explore (1) the impact of the service system (e.g., county departments) on direct service providers and client outcomes; (2) the impact of organizational factors (culture and climate of an agency) on service fidelity, worker

performance, and client outcomes; and (3) and the interpersonal relationship between line-worker and service recipient in influencing client outcomes (Drisko, 1998; Jones, et al., 1976; McCroskey & Meezan, 1997).

In looking at the impact of programs on different clients under different circumstances, it is crucial to present a theoretical rationale for examining these potential relationships. At minimum, it is imperative that we discuss the underlying assumptions about the relationships to be tested. Findings from “fishing expeditions” rather than justifiable analyses can lead to wild, uncalled for, and sometimes biased and prejudicial interpretations. For instance, the common practice of post-hoc analyses that relate client race to client outcomes should be theoretical justified before being pursued.

A rationale should also be provided for the common practice of comparing the “experimental” family preservation service to “regular” services. Such comparisons may be unjustified unless the researcher can answer questions, such as, What are the fundamental differences between the interventions? In what ways are the theoretical bases for the two services different? How do the services differ when they are actually provided in the field? Without such explanations, one does not know whether one is comparing two truly different services, the same service provided with different intensities, or something else.

The comparison between experimental services and any other condition also necessitates the assessment of treatment fidelity, an issue that has been acknowledged more often after the completion of the study (e.g., McCroskey & Meezan, 1997; Schuerman, et al., 1994) than during the design of the study (e.g., Blythe & Jayaratne, 1999). As an important counterpart to outcome evaluations, process evaluations should be integrated into the overall research plan (Scheirer, 1994), especially in studies that have multiple sites or newly added programs (Rossi, 1992; Bath & Haapala, 1994).

Finally, effectiveness studies should include measures of efficiency through some form of benefit-cost analysis. Ideally, they should define “benefit” and “cost” broadly, by considering micro (e.g., client self-esteem), meso (e.g., housing stability for client families), and macro (e.g., community safety) measures that are identified by multiple stakeholders, including clients, agency line workers, administrators, and policy makers. Understandably, efficiency studies are rare in family preservation research, in part due to the complexities involved in the implementation of such studies (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995). Regardless, it is an important research question—one that has the potential to contribute considerably to our overall understanding as to whether we should invest in these services.

Treatment Models

Where We've Been

The New York State Demonstration Project (Jones et al., 1976) and the Alameda Project (Stein et al., 1978) brought shape to “intensive services” (see Pecora, et al., 1995). Although these projects did not define intensive services within a specific service model, they did identify key components that foreshadowed more recent family preservation service models. For example, children and families were served directly with “hard” and “soft” services, and “intensive” caseworkers handled fewer cases than “regular” caseworkers.

By the 1980s, intensive services transitioned into a specific practice model by adopting Homebuilders (Kinney, Madsen, Fleming, & Haapala, 1977; Whittaker, Kinney, Tracy, & Booth, 1991). The widespread acceptance of this practice model is evident in studies by Leeds (1984), Landsman (1985), AuClaire and Schwartz (1986), Yuan, et al. (1990), Feldman (1990), Fraser, et al. (1991), and Schuerman, et al. (1994). However, although Homebuilders has been the most studied model of family preservation services, its reliance on crisis theory has been controversial and questioned (Grigsby, 1993), and studies of its efficacy have had very mixed and disappointing results (Schuerman, et al., 1994; Yuan, et al., 1990). It was not until McCroskey and Meezan's (1997) study that the trend of evaluating very short-term, intensive services was interrupted. Their intervention model involved longer-term services (three months versus the typical four weeks offered through Homebuilders) and less intense contact—a model more in line with the family-based service model than with intensive family preservation services (Pecora, Whittaker & Maluccio, 1992).

Where We Should Be Going

Given the controversies surrounding Homebuilders (e.g., Adams, 1994), and the results of the outcome studies based on it, it is easy to suggest that the past be buried and that the model be abandoned. The better suggestion, however, is to determine the service components of the model that might contribute to successful outcomes, and compare them to other practice models that utilize these service components but differ in other ways from the original Homebuilders approach. In other words, if the various interventions tested in family preservation services can be “unbundled,” it would be possible to reconfigure them by taking potentially important components from various models and then test for service effectiveness. For example, it may be that combinations of “hard” and “soft” services and intensive contacts are important to program success, but that families need services that are more long-term and that taper off over time. Many of the problems presented by child welfare clients are chronic (crisis theory would probably not be appropriate to guide an

intervention in such situations) and require longer-term treatments and multiple services (e.g., housing assistance, drug abuse treatment, etc.). Given this situation, we should develop and study treatment models that reflect the nature of the challenges experienced by the target population.

The field of child welfare can learn important lessons from other fields dealing with equally difficult yet different populations, and models created in other systems may be applicable to the child welfare population. For example, lessons learned about service imperatives from the field of juvenile justice (e.g., Henggeler, Melton, & Smith, 1992) might have significant implications for the design of services in the child welfare arena. We should examine the similarities and differences in the theory and treatment models from these other fields of practice, modify these models to the needs of the child welfare population, and test them to see if they are effective family preservation interventions.

Study Methods

Where We've Been

Design

Out of 13 "family preservation" studies reviewed for this paper,¹ nine used what would be considered rigorous designs. Among these nine studies, two used quasi-experimental designs (AuClaire & Schwartz, 1986; Stein, et al., 1978), one used a case overflow design (Fraser, et al., 1991), and the remaining six (Feldman, 1990; Jones, et al., 1976; Jones, 1985; McCroskey & Meezan, 1997; Schuerman, et al., 1994; and Yuan, et al., 1990) used treatment partitioning designs. Given the population of concern, it is not surprising that none of the studies had an untreated control group.

The long-term effects of the experimental services were tested in several of the studies reviewed (Fraser, et al., 1991; Jones, 1985; Landsman 1985; Leeds, 1984; McCroskey & Meezan, 1997; Schuerman, et al., 1994). With the exception of Jones' (1985) study, which assessed outcomes five years after the beginning of the project, the longitudinal component of these studies followed subjects from between three to 12 months after the completion of treatment.

¹ Maas & Engler (1959); Jones, et al. (1976); Emlen, et al. (1977); Stein, et al. (1978); Leeds (1984); Landsman (1985); Jones (1985); AuClaire & Schwartz (1986); Yuan, et al. (1990); Feldman (1990); Fraser, et al. (1991); Schuerman, et al. (1994); and McCroskey & Meezan (1997).

Sampling

Not surprisingly, non-probability samples have been the norm in studies of the effectiveness of family preservation services. Fortunately, multiple studies conducted across the nation, and studies that have used multiple sites (Fraser, et al., 1991; Jones, et al., 1976; Scheurman, et al., 1994), have allowed us to get a picture of the types and characteristics of services that have been fit under this rubric, the typical populations served, and the problems these populations present. Nonetheless, there has been minimal attempt to replicate studies in a single site in order to enhance generalizability. Where there have been efforts to replicate through studying multiple agency sites within the same study, differences between sites (including the degree to which agencies adheres to the philosophy of family preservation, variation in service models, eligibility criteria, populations served, etc.) have impeded our ability to generalize findings across programs and service recipients with any confidence (Schuerman, et al., 1994; Yuan, et al., 1990).

The targeting of services to their intended population has been another major challenge in family preservation research (Tracy, 1991), and this issue has stirred much discussion about our ability to interpret study findings (Blythe, Salley, & Jayaratne, 1994; Rossi, 1992). The importance of this issue lies in the fact that there must be congruence between the objectives of the intervention and the population at which it is targeted. For example, in AuClaire & Schwartz's (1986), Feldman's (1990) and Schuerman, et al.'s (1994) studies, it was made explicit that the primary objective of the intervention was to prevent out-of-home placement; without intervention, placement would occur. In McCroskey & Meezan's (1997) study, the primary objective of the intervention was to improve family functioning, not prevent placement. Therefore, services were targeted to an "at-risk" population who might have benefited from the intervention. In other studies, the target population was not well defined, yet the service objective was clearly specified as placement prevention. And, even in the studies where there was agreement between objectives and target population, there has been an inability to either effectively target or to know the degree to which targeting has been successful, leading to people receiving services that might not be appropriate given the program's objectives.

Measures

How the objective of family preservation services are conceptualized also has a critical role in the selection of outcome measures—an area that, like targeting, has received much attention in family preservation research. With the exception of McCroskey and Meezan (1997), all the experimental studies reviewed identified the prevention of out-of-home placement as the primary service objective. And the dichotomous variable of placement/no

placement has been a primary outcome measure despite the controversy over its rudimentary nature and its inability to capture the nuances of placement (e.g., Pecora et al., 1995).

However, even in studies that had placement prevention as its primary objectives, it was not the only outcome measured. All these studies, including those that did not use experimental designs, included some measures of child and parent functioning in order to assess the impact of services on the psychological, social, and financial well-being of the families.

Analysis

The common use of descriptive statistics in family preservation research has been appropriate to describe the characteristics of the client families, the proportion of out-of-home placements, the mean scores on measures of functioning, etc. The use of inferential statistics has also been appropriate to test the differences between the experimental and comparison groups on continuous, demographic variables, placement outcomes, functioning levels, etc. However, most studies in family preservation, particularly early ones, have limited their use of inferential statistics to bivariate analyses. Although sophisticated for their time (e.g., Emlen, et al., 1977; Jones, et al., 1976), these studies did not answer more complex questions that have recently been addressed by Schuerman, et al.'s (1994) use of event history analysis and Fraser, et al. (1991) and McCroskey & Meezan's (1997) use of multiple regression.

Involvement of Subjects

There has been no glaring violation of the rights of human subjects in family preservation research. Many studies have carefully considered the ethical quandary of random assignment (e.g., Fraser, et al., 1991), and have taken the proper steps to ensure human subject protection through, for example, the Institutional Review Board (e.g., McCroskey & Meezan, 1997). But these procedures have more often been implied than made explicit, and arguments surrounding informed consent (Thyer, 1993; Rzepnicki, Schuerman, & Littell, 1991) suggest that conventional procedures to protect human subjects have not been universally embraced. Furthermore, despite the underlying premise of family preservation programs to empower their clients, there has been little discussion around how to involve clients in the design and implementation of program evaluations.

Where We Should Be Going

Design

Experimental designs are difficult to execute in the field (Pecora, et al., 1995; Rubin, 1997), are costly, and require much time and expertise. They also raise and thus are difficult to "sell" politically, given the need for random assignment. Yet the utility of experimental designs in answering outcome questions renders them necessary to building knowledge in this field. Nevertheless, new approaches to evaluations should be integrated into future studies to enhance these experimental designs by addressing their inherent challenges. For instance, the involvement of agencies and clients in the design and implementation of the study should be considered in order to empower these groups to make appropriate decisions (Fetterman, 1996), protect human subjects, and promote the gathering of reliable and valid data (Patton, 1997; Worthen, Sanders, & Fitzpatrick, 1997).

There are also convincing quasi-experiments that should be considered as viable alternatives to randomized experiments in order to answer evaluation questions. For example, Marcantonio and Cook (1994) suggest several interrupted times series designs that not only address the difficulty of random assignment, but establish longitudinal placement patterns and changes in individual and family functioning. Depending on the specific design, interrupted time series may be as arduous or even more difficult to execute than randomized experiments; however, they may be more palatable politically designs using random assignment.

While attempts thus far to collect data longitudinally have been admirable, the common application of conventional but arbitrary data collection points (e.g., 3, 6, and 12 months post-treatment) suggests the absence of a firm program theory (Chen, 1990; Weiss, 1999; Rossi, Freeman, & Lipsey, 1999). The articulation of program theory and the use of logic models (Davis & Savas, 1996; Savas, 1996) should help the field determine appropriate follow-up periods. Without the use of these tools, there will continue to be a lack of consensus regarding what changes can be expected from the services within specific time frames.

If services are intended to change families we should measure these outcomes over a longer period of time, and the specific outcome measures used should change over time to reflect theoretically expected changes. If the services are intended to reduce placement, than realistic expectations about how long placement can be avoided must be established based on something other than an arbitrary decision.

Furthermore, mixed methods should be used to address the multiple dimensions of a program evaluation. As accomplished by several studies (e.g., Fraser et al., 1991; Drisko, 1998), qualitative and quantitative methods can be combined in order to better explain the meaning of evaluation results to stakeholders. The qualitative component could consist of

in-depth, open-ended interviews with clients to elicit their perceptions of service quality. Or it could involve interviews with line workers to elicit their perceptions of what intervention components best address the needs of their clients.

Studies that use qualitative methods to supplement a primarily quantitative study should not neglect to report qualitative findings. At minimum, a summary of the qualitative studies should be provided. And one should remember that qualitative work, in and of itself, can address important questions regarding the perceptions of the effectiveness of service and the reasons people believe that the intervention works. Such studies would clearly enrich the literature and our understanding of this service.

Sampling

While appropriate targeting has been discussed as an issue in regards to placement risk, it is also a salient component of the discussion of the population for whom family preservation services work best. Because targeting means establishing a set of eligibility criteria, it helps facilitate a good fit between the types of services being provided and the presenting problems and strengths of the client families. Targeting, therefore, should be carefully planned, backed by theory and empirical evidence, to guide eligibility criteria that reflect the full range of families that are appropriate for these services.

Furthermore, while multi-site studies (Schuerman, et al., 1994; Yuan, et al., 1990) and their large sample sizes are impressive, they present challenges to evaluators, including problems with the ability to consistently target services and maintain treatment fidelity. If multiple sites are used, local sites should be encouraged to monitor both sample selection and treatment fidelity (Bath & Haapala, 1994; Blythe & Jayaratne, 1999).

Finally, multiple small-scale studies using similar populations and program models should be promoted (Thyer, 1993). Findings from small scale studies, which are able to better control their interventions and targeting practices, tend to show better results than other studies (Bath & Haapala, 1993; Pecora, et al., 1995). Replication of such studies should be encouraged to address the external validity problems presented by the use of non-probability samples, and to enhance the possibility that consistent findings will be found across more tightly controlled studies.

Measures

Given the controversies surrounding how placement prevention has been measured in the majority of the studies (e.g., Yuan, et al., 1990; Schuerman, et al., 1994), multiple measures of placement (Jones, 1991; Pecora, et al., 1995; Rossi, 1992) should be considered. If policy continues to demand that placement prevention be the primary objective of family

preservation, the continuation of its measurement is warranted. However, this does not mean that we cannot and should not measure other objectives such as individual and family functioning. In fact, given the limitations that placement prevention presents as an outcome, and given our current knowledge of effectiveness, we should revisit the objectives of family preservation services by eliminating, expanding or modifying performance measures.

Ideally, we need to use consistent measures across studies. But first, there must be consensus on what to measure (e.g., child and family functioning) and with what instrument(s). Clearly, this is a tall order but a salient one in advancing this field. Moreover, we should promote the use of multiple informants in measuring client outcomes—a practice that, unfortunately, has not been common in family preservation research. As McCroskey and Meezan (1997) demonstrate, multiple informants reveal variations in perspectives that bring forth the question: Whose perspective—clients or workers—should determine program success or failure?

Analysis

Overall, tools for analyzing data—whether they are quantitative or qualitative—should be used appropriately. While we should aim for multivariate analyses of quantitative data to capture the complexity of the problems being studied, they should be used with caution. Any violations of the tests' assumptions should be made explicit; the power of a statistical test should always be determined; and statistical significance should be distinguished from practical/clinical significance.

The use of highly complex statistical techniques is appealing, but they should be encouraged only under circumstances that warrant their application. In others words, statistical tests should be selected to answer the research question(s). For example, hierarchical linear modeling may be helpful in analyzing patterns of functioning over time; event history analysis can be used to better determine the predictors of a status change; and structural equation modeling may be useful in testing a theory about relationships between constructs that are relevant to family preservation, including client functioning, client characteristics, organizational climate, and service characteristics.

The analysis of qualitative data should also be held to the highest standards. First, the method of inquiry (e.g., grounded theory, ethnography, phenomenology) should be consistent with the aims of the study. Second, the techniques used to analyze data (e.g., content analysis, thematic analysis) should be consistent with the method of inquiry, and the techniques should be explained clearly. The use of software programs (e.g., Atlas/ti and NVivo) should also be encouraged as a way to manage qualitative data. While these programs cannot “do” the analysis for the researcher, they can facilitate the process in many

ways, including coding text or visuals, displaying data in a matrix, and creating diagrams that depict theories (Weitzman, 2000).

Involvement of Subjects

We need to carefully consider the ethical issues surrounding research with this target population. In addition to using designs that do not require a no-treatment control group, we should move from the basic protection of subjects to involving subjects in the design and execution of research (Fetterman, 1996; Patton, 1997). While there are many challenges in involving clients in the research process, there are also many potential benefits. Service recipients can provide useful insights as to how to gather reliable and valid data, review instruments for content, appropriateness and cultural sensitivity, and help to interpret findings. They can help the researcher develop more relevant evaluation questions and more pragmatic research designs. And they can provide useful suggestions as to how to track research participants in order to have better success in the follow-up phases of longitudinal studies. They can also become full members of the evaluation team as interviewers or research assistants. (Koroloff, 2000).

Conclusion

Research over the past four decades has yielded conflicting evidence about the effectiveness of family preservation programs. From more recent studies, we gather that intensive family preservation programs, overall, do not significantly prevent out-of-home placement (e.g., Yuan, et al., 1990; Feldman, 1990; Schuerman, et al., 1994). However, there are encouraging signs of small but consistent changes in the functioning of children and families (e.g., Feldman, 1990; Fraser, et al., 1991; Jones, 1985; Jones, et al., 1976; Landsman, 1985; Leeds, 1984; McCroskey & Meezan, 1997; Schuerman, et al., 1994; Stein, et al., 1978).

As confusing as the equivocal findings may be, and as disappointing as the findings are from large scale studies that have used placement prevention as their major outcome measure (Schuerman, et al., 1994; Yuan, et al., 1990), it is vital to continue our work to study this service approach in all of its variations. As McCroskey and Meezan (1998) state: "rather than conclude that a program approach that feels right to many families and professionals is not effective based on a single outcome measure, it would be preferable to systematically investigate the impact of services on multiple aspects of family and child functioning" (p. 64).

In these future efforts, it is important to recognize the changing nature of family preservation services and the clients it is serving. We should carefully examine what degree of change we expect of the client families from a treatment model (Quinn, 1993).

Additionally, we should involve client families in establishing feasible short-term and long-term goals that they are encouraged to reach as a result of being served by a family preservation program.

Finally, family preservation research has advanced considerably as evidenced by large-scale experiments (e.g., Schuerman, et al., 1994; Yuan, et al., 1990) and rigorous methodologies (e.g., Jones, 1985; McCroskey & Meezan, 1997). And there is a growing and critical body of literature that keeps researchers informed of the ways to advance research and thus build knowledge in this field (e.g., Pecora, et al., 1995; Rossi, 1992). In continuing these endeavors, it is imperative that research is widely disseminated, not only via academic journals that are accessible to scholars, but through written reports that are distributed in a timely manner to practitioners and policy makers. Without these efforts to search for effective and efficient ways to preserve families when this is possible and desirable, and continued dialogue with all stakeholders, the entire family preservation movement may be compromised or even abandoned.

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Safety of Intensive In-Home Family Workers

Gwendolyn D. Perry-Burney

Violence against social workers and other helping professionals has increased. Within this context, intensive in-home family workers were asked about their safety in working with clients. If family workers stated that they felt only somewhat safe or not safe at all, they were asked to explain where they are likely to feel unsafe. Findings include concerns about safety. The author suggests comprehensive educational curriculum be integrated in agency training for new hires and seasoned employees; also, training should be implemented to increase worker awareness of potentially violent situations and how to de-escalate and defuse potentially violent clients.

Violence against social workers and other helping professionals is increasing (Newhill, 1996; Shachter & Seinfeld, 1994). In recent years, studies have shown that the number of social workers involved in violent altercations with clients has increased considerably (Rey, 1996; Knight, 1996; Horwitz, 1999); as the profession expands services to individuals and families (Straussner, 1990), many more social workers may find themselves in hostile situations. Violence against social workers has been reported in all of their work environments (Rey, 1996; Schultz, 1989; Star, 1984; Newhill, 1996). A survey of 175 licensed social workers and 98 agency directors in a western state showed that 25% of social workers had been assaulted by a client, nearly 50% had witnessed violence in an agency, and more than 75% were fearful of workplace violence" (Rey, 1996, p. 33). Not surprisingly, however, the settings in which violence is most apt to occur include correctional settings, mental health institutions, nursing homes, child and public welfare agencies, domestic violence situations, severe substance abuse situations, physical and mentally disabled group homes, and homeless shelters (Dillon, 1992; Ellison, 1996; Holmes, 1982; Kaplan & Wheeler, 1983; Horejsi, Garthwait, & Rolando, 1994; Newhill, 1996; Norris, 1990; Rey, 1996; Schultz, 1989; Tully, Kropf, & Price, 1993; Star, 1984; Winerip, 1999), where clients can "sometimes become so overwhelmed by fear that they lash out in panic at all who attempt to influence their choices or constrain their behavior" (Murdach, 1993, p. 307). Some evidence even suggests that the perpetrators of violent acts are becoming younger and the acculturation of violence is often passed on intergenerationally (Coudroglou, 1996; Holmes, 1982; Shachter & Seinfeld, 1994).

The increase in violence perpetrated by individuals against helping professionals, particularly social workers delivering human services, is substantiated by a large body of

literature (Brown, Bute & Ford, 1986; Dillon, 1992; Ellison, 1996; Horwitz, 1999; Kaplan & Wheeler, 1983; Knight, 1996; Newhill, 1996; Norris, 1990; Rey, 1996; Schultz, 1989; Tully, Kropf & Price, 1993; Horejsi, Garthwait, & Rolando, 1994). In a random survey of National Association of Social Workers members from Pennsylvania and California conducted by Newhill in 1996, 78% of the respondents said that client violence toward social workers was a significant issue for the social work profession. The same study found that the nature of the violence perpetrated by clients ranged from property damage and threats by clients to attempted or actual physical assaults. For example, in November 1999, a male social worker working in a foster care unit met with me to discuss a threat by his foster parent. He was notified by the local Children Services Board to investigate allegations of physical abuse by a foster parent on a foster child. After completing the in-home visit and initial assessment of the foster family, the social worker had approached the door to leave, when the foster parent said to him in a stern tone, "If you take my child, I will get my son and nephew to beat you up."

The effects of violence are far reaching. Violence directed toward social workers contributes to anxiety, which in turn affects employee satisfaction as well as employee retention (Vinokur-Kaplan, Jayaratne, & Chess, 1994; Knight, 1996; Scalera, 1995; Soest & Bryant, 1995). One social worker reported, "I feel unsafe when families become violent with each other and I am asked to go out to the home and intervene." Another said, "Visiting families during an initial home visit at night, especially in neighborhoods like public housing communities or high crime areas, makes social workers concerned about their safety." In May 2000, a social worker informed me of her apprehension in making an initial home visit in a high crime area. The local police accompanied the young worker because the client was known to be involved in the drug culture. When they reached the house of the client, they found the front door riddled with bullet holes. The worker related to me that nothing in her coursework or on the job training had prepared her for this experience. Fortunately, the client had left the house before the drug dealers left their "message."

Professionals' concerns about violence also manifest themselves through the shunning of potentially violent patients. As one person clearly stated, "We live in an increasingly violent society and this is reflected in our clients. I won't put my life at risk and have chosen a population to work with that I can feel safe with" (Newhill, 1996, p. 491). Home visits and evening work (Knight, 1996) can create volatile situations for social workers entering neighborhoods unfamiliar to them, serving high-risk families, with parental and child problems such as substance abuse, child abuse, truancy, and gang violence. Indeed, intervening in domestic violence cases, HIV/AIDS treatment, custody issues and other social problems (Schultz, 1989) places social workers at great risk of violence (Shachter & Seinfeld, 1994).

Since the time of the friendly visitor, social workers have been entering homes to protect children and support families; yet, little research has examined work safety issues.

In particular, these issues arise in unfamiliar and potentially dangerous neighborhoods or volatile home situations. The issue of social worker safety needs to be addressed by social service agencies and human service organizations through the development of policies and procedures that address work safety. While delivering agency services is of paramount importance, so too are safety concerns.

As a first step in validating in-home family workers' safety concerns and developing policy interventions, this study sought to identify intensive, in-home family workers' feelings about the safety of their jobs. The study was conducted with professionals working intensively with children and their families in the state of Pennsylvania.

A significant body of literature suggests that violence prevention training and incorporation of individual self-defense skills, such as effective communication and de-escalation of client anger, are vital to combat client violence levied against social workers (Brown, Bute & Ford, 1986; Ellison, 1996; Kaplan & Wheeler, 1983; Pepinsky, 1998; Newhill, 1992, 1996; Norris, 1990). Several intervention programs designed to deal with violence have involved cooperation between police officers and social workers, training in working with at-risk families, and professional skill development to assist in recognition of potential clients (Holmes, 1982; Kaplan & Wheeler, 1983; McKay, Bennett, Stone, & Gonzales, 1995). However, the fear exists that even with increased training and programs designed to increase worker safety, violent assaults against social workers in the field and in agency settings will continue.

Methods

On July 7, 1989, Pennsylvania passed the Family Preservation Act, with these goals: (1) to preserve families in which children have been victims of neglect or abuse, and (2) to reduce out-of-home placements of children in foster homes or institutions. In Allegheny County, four agencies were granted a contract to conduct programs called Shelter Diversion Programs.

Shelter Diversion Programs staff were trained in the Homebuilders model of family preservation, which is designed to give workers and families an option of providing a nurturing environment for children within their own biological family. The Shelter Diversion Programs were intensive, flexible, and goal-oriented. This exploratory study obtained qualitative, descriptive data from intensive in-home workers employed by the four Shelter Diversion Program sites in Allegheny County, Pennsylvania. The programs offered intensive services to families at risk of having a child removed from the home. Client families were contacted within 24 hours of their referral, and seen as often as needed over a 4-6 week period.

Families were referred to the Shelter Diversion Programs by their children and youth services caseworker. At the time of this study, the Shelter Diversion Program had served

142 families (371 children). Sixty-two percent of the families were “chronic” child welfare families, by Children and Youth Services defined as families with more than 6 months of previous agency involvement. Of these families, 79.6% of the homes were headed by single mothers; 55.6% were never married; the mean age was 34 years, the minimum age was 18 years, and the maximum age was 70 years; 43.7% had a high school/GED diploma; 78.2% were unemployed; and 55.6% had an average income of less than \$10,000. The mean number of children per household was 2.5, and the maximum number was 7. African Americans comprised 66.2% of the households.

Families referred to Shelter Diversion Programs were given a primary reason for risk of placement, which was the problem that the county caseworker considered most significant in placing the child at risk of out-of-home placement. The most common reasons were child behavior (27%), child neglect (21.3%), physical abuse (18.4%), and drug/alcohol abuse (13.5%). A chi-square analysis indicated that drug/alcohol was a significant risk for placement. Frequencies and percentages of problems are shown in Table 1. Marital status, income, and race were not significantly associated with risk of placement.

Table 1. Primary Reason for Risk of Placement

Variable	Frequency	Percentage
Physical Abuse	26	18.4
Sexual Abuse	4	2.8
Neglect	30	21.3
Family Counseling	1	.7
Child Behavior	38	27.0
Delinquency	1	.7
Truancy	2	1.4
Drug/Alcohol Abuse	19	13.5
Mental Health Problems	3	2.1
Mental/Physical Disabilities	1	.7
Lack of Parent Skills	3	2.1
Poor Housekeeping	1	.7
Other	12	8.5

At a family’s entry into the Shelter Diversion Program, the in-home worker could prescribe a maximum of 25 services for the family, grouped into five categories: crisis, psychological, counseling, health, and miscellaneous. The major issues that in-home workers planned to address with family caretakers were: parent education (70.4%), family

counseling (64.1%), and individual counseling (62%). At exit, 95% of these services had been provided.

Children may be at risk for out-of-home placement because of a number of factors, the most common being parental factors, followed by child factors. In this study, 42.3% of referrals were for parent abuse/neglect, while 28.9% were associated with child factors. Parental problems included physical child abuse, sexual child abuse and child neglect. Child problems included misbehavior, delinquency and truancy. In addition, 25.4% of families were referred due to homelessness, domestic violence, or medical neglect. Families in jeopardy of having their dependent or delinquent child removed from their home spent an average of 4 weeks working with family workers to resolve the crisis.

Data Collection

A qualitative research approach was used in this study. Agency directors agreed to allow the author time after a weekly staff meeting to conduct interviews. Anonymous, self-administered questionnaires were given to each family worker after the agency staff meeting. Supervisors who carried family cases were also asked to fill out the questionnaire. The author remained in the room to answer questions and to observe the process. After family workers completed the questionnaire, the author interviewed staff individually in another room to get a general sense of how they viewed the Shelter Diversion Program to discover what they did not say or mark on the questionnaire form.

The family worker survey asked respondents about their safety in working with clients. If family workers stated that they felt only somewhat safe or not safe at all, they were asked to explain where they were more likely to feel unsafe.

Findings

Characteristics of Respondents

A total of 24 family workers from the four Shelter Diversion Programs participated in the study (supervisors, n=4; family workers, n=16; and parent aides, n=4). The average age of the workers was 34 years. A majority were female (77%). They ranged in age from mid-twenties to early fifties. Over half (58%) were African American; 46% were single, 38% were married, and 11% were divorced. The average work experience was 4 years in this type of work. About two-thirds (65%) had an undergraduate degree, either a B.A. or B.S. degree, and 11% had a graduate degree, either an M.A. or M.S. degree.

Family workers were instructed to identify their degree of safety concerns when making initial in-home visits. If they felt only somewhat safe or not safe at all, they were to explain in a follow-up statement where they are likely to feel unsafe. A majority of the family

workers, 81% reported feeling only somewhat safe or not safe at all entering client homes. Their overarching concerns about safety were

1. The unpredictable nature of clients
2. Environmental safety concerns
3. Feelings of high stress during the first few home visits
4. Entering homes where family members were violent with each other
5. Intervening within 24 hours of the referral, especially with an irate paramour who had been court ordered out of the home
6. Housing projects where people identified them as being part of the system or an enemy
7. High traffic areas and housing projects that were known drug areas
8. Home visits in the evening

During face-to-face interviews, family workers were asked to clarify some of their responses to questions about safety. For example, one respondent had written on the questionnaire, "I don't put myself in a dangerous situation." When asked to clarify this statement, she replied, "During initial home-visits, I call the caretaker ahead of time so that she can look out for me." Another respondent said, "I drive by the neighborhood first to locate the home, prior to my visit."

While 73% of home visitors reported feeling at least somewhat safe entering homes, African American (56%) felt safer than whites (37%). Also, workers aged 34 and over felt the safest. Women (74%) felt much safer than men (26%) in providing in-home services to families in crisis. However, 8% of the women reported that they did not feel safe at all entering some homes, whereas no men reported that they did not feel safe at all. Workers who had completed 4 years of college felt much safer than workers who had only completed high school or who had some college. Length of employment was also a factor in feeling safe. Workers with 2 or more years on the job felt safer. There was more concern about safety when working intensively with families for 30-45 days, than when working with families 45 days or longer. Slightly over half (59%) of the workers were satisfied with their job; 48% planned to stay on the job at least another year; 37% said they did not know when they might leave; and 14% had plans to leave within a month.

Almost three-quarters (72%) of these social workers felt that families needed in-home services to assist them in their crisis; 52% believed that 30-45 days was enough time to work with families, while 32% thought 45-90 days were needed.

Discussion

Violence is a way of restoring equilibrium and autonomy in a situation in which a person feels little power or control. Few would dispute the fact that the majority of in-home social workers work with clients who are powerless in our society. In most cases, social workers are asked to intervene in the lives of individuals and families with multiple problems. The power and authority over them exhibited by the social worker may cause some people to lose control and become verbally or physically abusive to the worker. Social workers have a right to a reasonably safe work environment. Administration must provide safeguards for workers who deal with potentially violent clients, and who enter unsafe environments. Based on the information obtained from participants in this study, literature reviews, and the authors experience and knowledge as a social worker. The author recommends five comprehensive educational curriculum components, and seven administrative tasks that are listed below.

Training is needed to enable social workers to predict, and reduce, the likelihood of encountering violent situations. A comprehensive educational curriculum designed for this purpose should include (1) effective techniques for verbal de-escalation of violence; (2) basic safety procedures when entering an unfamiliar home or neighborhood; (3) safety procedures when working with first-time clients; (4) safety procedures for working with a potentially or known violent client; and (5) effective interview techniques for identifying potentially violent clients.

Training can increase workers' awareness of potentially violent situations as well as their awareness of both conscious and unconscious human responses to stimuli such as physical or verbal abuse. An equally important outcome of training should be elimination of the view that in-home workers must accept violence as an occupational hazard. Agencies and organizations should provide (1) emergency communication systems (cell phones, two way radio); (2) partner home visits; (3) effective review of the client's case history and profile; (4) documentation of worker whereabouts; (5) special procedures for working after hours; (6) procedures for transporting clients; and (7) new client assessment procedures. Workers should be formally oriented to their agency's worker safety protocols, through policy and procedure manual as well as on the job training programs.

It is often suggested that workers who perform the same job tasks over an extended period of time become lax about safety. It is important to provide continual training for in-home workers to ensure that they remain aware of safety protocols. Training topics should include (1) indicators of forthcoming violent episodes; (2) awareness of the physical environment; (3) review of agency safety protocols; and (4) proper response to a violent client.

The manner with which an agency or organization reacts to violent events is equally important. Workers who encounter violence in the work place are affected mentally,

emotionally and professionally. The support an agency provides should include: (1) forms that document both potential violence and occurred violence; (2) a plan of action if violence occurs; (3) counseling support for the employee and family subject to violence; and (4) management training regarding the effects of violence on employees.

Social Work Implications

There are many forms of violence in the workplace. Employees must recognize that all forms of violence should be taken seriously. Workers must receive continual training on the issues of violence, safety and client sensitivity, to prevent and protect against occurrence of violent incidents.

However, it is important not to allow our concerns about violence to promote the need to extreme forms of protection such as guns, pepper spray, and other protective devices and measures. The helping professions are attempting to alleviate, not perpetuate, this kind of paranoia. As more light is shed on the issue of safety, social worker organizations, family preservation services and human service organizations must comprehensively define the boundaries for protection in the work place.

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Family Preservation Services to At-Risk Families: A Macro Case Study

Charles A. Sallee and Alvin L. Sallee

Family Preservation, also known as In-Home Safety Service Programs, uphold the ideal that a family setting is best for children by helping to prevent foster care placement and ultimately saving the state unnecessary budget expenditures for foster care. In-Home Safety Services need to play a more balanced role in the child welfare system in Texas. The data collected allow for a descriptive profile of In-Home Safety Services (IHSS). Trends over approximately a five-year period are examined in regards to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care/substitute care, number of children receiving In-Home Safety Services as well data on staffing levels, caseload per worker, and funding.

Introduction

Family preservation has a history of providing a safe alternative to removing children from their families. Family preservation provides services to at-risk families with the goal of maintaining children safely in their homes, and preventing foster care. The National Conference of State Legislatures reports that spending for foster care, approximately \$7 billion in federal and state spending, exceeds the amount spent on all other child welfare services combined, including abuse prevention, child protection, and family support and adoption services. This figure does not include the associated social cost to families and children that leads to more expensive social problems. If families are already in crises and most likely at risk, why wait for an incident of abuse or neglect to be reported to child protective services for that family to have access to family preservation services?

A study of the current Family Preservation services was undertaken in the second largest state, Texas, to establish a descriptive profile of In-Home Safety Services (IHSS) for the Texas State Legislature. The baseline information from 5 years of experience with Family Preservation identifies trends in regard to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care, and the number of children/families receiving family preservation services. Data were also collected on IHSS staffing and levels, caseload per worker, and funding. This article presents an overview of Family Preservation, funding streams, the research methodology, findings, and analysis. With the election of former Governor, George W. Bush, as President, the experience of Family Preservation in Texas may take on additional importance.

Family Preservation: History and Background

Family preservation programs began to increase dramatically after the federal government's initiative to fund more services that protect children in their own homes. The Family Preservation and Support Services Act in OBRA 1993 allocated almost 1 billion dollars in spending over five years for states to conduct planning and family preservation and support programs (GAO, 1997). The federal government has since re-authorized the 1993 legislation and renamed the program Promoting Safe & Stable Families (ASFA, 1997).

What is Family Preservation?

It has been difficult to find a commonly accepted definition of family preservation through the years (GAO, 1995; Briar, Broussard, Ronnau, Sallee, 1995). Often, family preservation services and family support services are used intermittently. Family preservation and support, as defined by Briar, Broussard, Ronnau, Sallee (1995), should be viewed more as an approach to practice and "a philosophy guided by values which uphold the uniqueness, dignity, and essential role which families play in the health and well being of their members (pp. 7, 1995)." This approach can be applied to a wide range of policy initiatives, programs, and organizations, thus releasing it from restrictions of being a certain type of model.

However, family preservation and support services are defined for programmatic reasons. The Family Preservation and Support Services Act of 1993 defines family preservation services as "typically designed to help families alleviate crises that, left unaddressed, might lead to the out-of-home placement of children (pp. 4, GAO, 1995)." Family preservation programs are often called by various other names, such as in-home services, home-based services, family-centered, family-focused, or family-based services (Briar, Broussard, Ronnau, Sallee, 1995; Nelson & Landsman, 1992). Family support programs are much larger, community-wide initiatives and sometimes overlap with family preservation, making a distinction unclear sometimes (GAO, 1995; Briar, Broussard, Ronnau, Sallee, 1995). Yet, both are focused on the family as a whole, and their service models are reflective of the family preservation philosophy.

Family preservation programs in general serve to prevent out-of-home placement and are also used for providing support to families reuniting after a foster care placement. Family preservation is an in-home service for at-risk families and is only used when the safety of the children can be assured. Services are made available to serve families where abuse and neglect has been identified or a danger of abuse is present. Participation in services is usually mandatory if the child is to remain at home with the family or returned home from foster care. Family preservation values include recognizing that families have the potential to change, and want to, members should be empowered to resolve problems,

and family members themselves are crucial partners in the helping process (Lloyd, Sallee, 1994).

Intensive family preservation services seek to stabilize families at imminent risk of separation due to abuse or neglect (Liederman, 1995). Family preservation programs encourage building of skills for family well being. Staff usually maintain a small caseload of 2-6, in some models, spend up to twenty hours a week with a family and are available around the clock (McCroskey, Meezan, 1998). Some other distinguishing features include a very limited time frame, especially with intensive services, clearly measurable goals, and extraordinary flexibility (Briar, Broussard, Ronnau, Sallee, 1995). Workers will utilize multiple theoretical orientations, including crisis intervention, systems approaches, or emphasizing cognitive and behavioral changes (McCroskey, Meezan, 1998).

Funding for Family Preservation

With the passage of the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), a heightened awareness of children having the right to a safe and permanent home was established. This landmark legislation created Titles IV-E, and IV-B of the Social Security Act. A federal entitlement funding stream for foster care payments was made available with Title IV-E, and a capped funding stream for child welfare services was created in Title IV-B. This was the first major shift towards family preservation as the Act called for family preservation programs to prevent out-of-home placements. Public Law 96-272 increased child welfare spending for family preservation services, yet overall spending still has not kept up with demands placed on the system (Green, Tomlin, 1999; Courtney, 1997).

A need was recognized in the child welfare arena for more services to supplement the area between child abuse investigations and out-of-home placements. Not until 1993 did legislators provide more funding for in-home services to prevent unnecessary placement of children in foster care. The subsequent Family Preservation and Support Services (FPSS) Program under Title IV-B, subpart 2, was created. States now had a federal funding stream of almost one billion dollars in grants dedicated to providing at-risk families with community-based support programs, family preservation programs, and money for evaluation and research in the areas of family preservation and support services (Liederman, 1995; GAO, 1995). The amount of money given to each state is based on the percentage of children receiving Food Stamps (GAO, 1995).

The 1997 Adoption and Safe Families Act (ASFA) re-authorized the Family Preservation and Support Services program. Funding was set at \$875 for three years, and the program was renamed to "Promoting Safe and Stable Families (Public Law 105-89)." The provisions of ASFA were funded by reducing the \$2 billion contingency fund for the TANF welfare program by \$40 million over five years. Family preservation, in a sense, is

already being funded by TANF money despite the overall decrease in federal spending on poor families.

Currently, there are multiple funding streams for states to utilize in paying for family preservation services. It is important to note that family preservation services don't necessarily need to be used in child protective services, but have been effectively utilized in such other social service arenas, such as mental health and supporting families with a developmentally delayed children (Briar, Broussard, Ronnau, Sallee, 1995). Funding streams reflect this. Family preservation has traditionally been funded through Title IV-B programs, but some activities can actually be funded under Title IV-E, such as up front assessments. Money from the Social Services Block grant, the Child Abuse Prevention/Treatment Act and even money from the TANF block grant can be utilized to fund some family preservation services.

Family Preservation in Texas

Texas, like many other states, began providing services to prevent unnecessary out-of-home placements after the 1980 Adoption Assistance and Child Welfare Act (P. L. 96-272), and then began focusing on Family Preservation services following the Family Preservation and Support Services Act of 1993. The Adoption and Safe Families Act of 1997 changed the name of the Family Preservation and Support Program to the Safe and Stable Families Program in an attempt to emphasize child safety. In response to the ASFA legislation and to emphasize the shift in philosophy of services towards child safety, the Texas Department of Protective and Regulatory Services (DPRS) changed the name of their Family Preservation programs to Family-Based Safety Service programs (FBSS). In-Home Safety Services are one type of service provided by CPS in their FBSS program and will be the focus of study. It is important to note that Family Preservation Services and In-Home Safety Services are one in the same, despite the name differences.

Research Methodology

This research project provides a profile of In-Home Safety Services provided by the Child Protective Services Division of the Department of Protective and Regulatory Services. The population studied is CPS In-Home Safety Services and the statistics that CPS produces about children involved in their agency. This project gives a general overview of how the programs fit within the realm of other child protective services at TDPRS, and the general makeup of who provides the services, what type of services are provided, how many families are involved, and how the program is funded.

Specific Data to Be Studied

The data collected allow for a descriptive profile of In-Home Safety Services (IHSS). Trends over approximately a five-year period are examined in regards to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care/substitute care, and number of children receiving In-Home Safety Services. Staffing levels, caseloads/worker, and funding are also analyzed.

Data Collection Procedures

A survey submitted to the Director of the Child Protective Services Division at TDPRS serves as the data collection tool. A meeting was set up between the head of Government Relations at TDPRS and the Director of CPS to review the appropriateness and feasibility of the survey.

The survey was returned with a majority of the sections completed. Data were broken down by county in the areas requested, and further data on out-of-home placements was provided. At the time of the survey, some FY 1999 data were not available. Information regarding average caseload/worker were not available at the county level, but regional data were subsequently provided.

Research Results

Results of the survey are compiled in five sections; description of services, IHSS workers, county specific child abuse/neglect and services data, funding, evaluations, and conclusions.

In-Home Safety Services

The Family-Based Safety Services program provides three types of In-Home Safety Services within Child Protective Services (CPS). Levels of service are divided between *Regular*, *Moderate*, and *Intensive* depending on the degree of risk of removal of the child from the home. These services are offered to families when an investigation by CPS has either identified a serious risk of abuse/neglect or has validated abuse/neglect in the home. The services are provided to a family whose children have not been removed from the home and whose purpose is to ensure the safety of the children within the home. The goal of the program is to protect children and strengthen families by providing services that focus on the family as a whole. The services are tailored to meet the individual family's needs through the use of home- and community-based services. If staff, at any time, determines that safety of a child can no longer be ensured, a plan for the safety of the child is implemented immediately. This plan may include petitioning the court for removal of the

child from the home. Services are either provided directly or are contracted with local agencies (contracted services are not included in this study).

Regular In-Home Safety Services, at CPS, focus on reducing the risk of abuse/neglect when a child is not in immediate danger of removal from the home. No average caseload per worker was reported in the survey, but the 1998 CPS Caseload Standards Committee recommended a caseload of between 10-14 cases per worker. A family should be seen for a face-to-face visit for a total of 5 to 8 hours per month, with a minimum of one contact per week required. Generally, the length of services ranges from 180-270 days.

Families that have a higher risk of abuse or neglect that may lead to the removal of a child receive Moderate In-Home Safety Services. Services are shorter, generally three to four months, and workers are required to spend more time with the family, 8 to 12 hours per month. Caseload size ranges between 8-12, though no data were available..

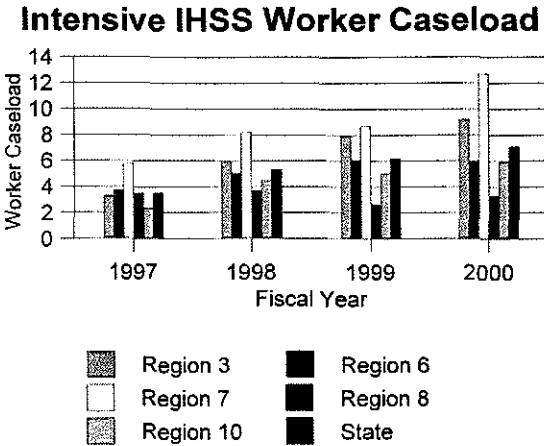
Intensive In-Home Safety services are reserved for those families who need intensive assistance to protect their children to prevent out-of-home placement in the immediate short-term future. These services are high intensity and require small caseloads for workers as they are required to see the family face to face for 15-20 hours per month, with a minimum of two contacts per week. The 1998 CPS Caseload Standards Committee recommended a caseload of between 4-6 cases per worker.

In-Home Safety Services Workers

All workers at CPS are required to meet certain criteria for employment and IHSS workers must meet the same requirements. In-Home Safety Services workers are required, as all other CPS workers, to have a four-year college degree and PRS training. Though no requirements are set forth, individuals with clinical experience, a Master of Social Work degree, or tenured CPS caseworkers are viewed as more desirable for IHSS positions.

Caseload data were provided for *Intensive* services by region. Data were available by region for fiscal 1997 through February of 2000. Caseload data broken down by level of service and county were not available. This does not allow for a county-to-county comparison as rural area offices may not designate IHSS workers at a specific level as city offices do. The data are helpful for a general understanding of worker caseloads in the heavily populated regions where the counties being studied are located.

Since fiscal 1997, Texas has seen an overall increase in IHSS worker caseloads. Except for Region 8, which includes Bexar County, all of regions with counties being studied had worker caseloads increase. Region 7, which includes Travis County, Intensive IHSS worker caseloads increased from 5.8 in fiscal 1997 to 12.7 as of February 2000. The average for all of Texas has doubled from 3.5 to 7.1 in that same time period.



In 1998, recommendations for caseload standards were reported to the Texas Commissioner on Health and Human Services (TDPRS, 1998). The report recommended Intensive Services standards be set at 4-6 cases per worker, Moderate at 8-10, and Regular at 10-14 cases per worker (TDPRS, 1998). The standards are used to help determine the number of caseworkers and the number of cases assigned.

Table I

In-Home Safety Services Workers, Feb. 2000			
County	Regular	Moderate	Intensive
Bexar	33		7
Dallas		13	41
El Paso	14	3	3
Harris	56	7	27
Tarrant			20
Travis	10		2

The implementation of these standards is dependent on the availability of appropriated funds from the legislature. Since 1997, the statewide average including Regions 3 and 7 has exceeded the standards recommended.

The number of In-Home Safety Services workers varied across each of the eight counties for 1999. Each level of services varied in the amount of workers that carried that level of cases, across the counties. Some counties focused on Regular services, while others only have IHSS workers doing Intensive caseloads.

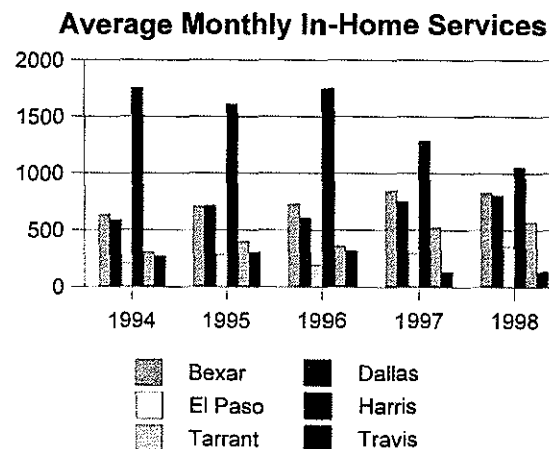
Data Results on Child Abuse/Neglect and Services Provided

Data from eight of the largest counties in Texas (Bexar, Dallas, El Paso, Harris, Tarrant, Travis) were provided for child population, alleged/confirmed victims, children in foster care/substitute care, and children receiving In-Home Safety Services from 1994-1999. See Appendix I for complete tables of data. No data were available from 1999 at the time of the survey.

The average monthly caseload of children receiving In-Home Safety Services in Texas has declined. From 1995 to 1998, the average monthly caseload of children receiving IHSS services decreased by 1,256 children. It was unclear, from the data received if these figures were for in-homes services to prevent out-of-home placement or also reunification in-home services post-foster care. Family Preservation's principles would still apply.

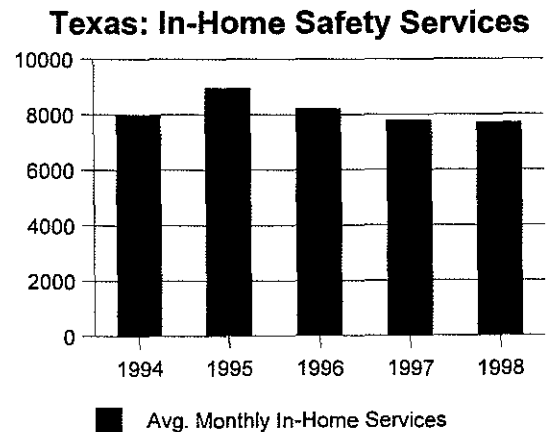
During the five-year period, trends of In-Home Safety Services (IHSS) were studied at the county level and results were mixed. A decrease of over 700 cases in the monthly average of children receiving IHSS occurred in Harris County during the five-year period starting in 1994. Travis County experienced over a fifty-percent drop in their monthly average caseload, whereas El Paso increased its average by over forty percent. Tarrant and Bexar Counties are very similar in child population. As a percentage, Tarrant County, had fewer confirmed victims of abuse than Bexar, and the average IHSS monthly caseload reflects this. The amount of workers at each service level varies in each county and may explain some differences. If a county uses a majority of their human resources for intensive level cases, then the amount of families served per month would decrease and visa versa.

The 1999 data suggest that Tarrant county focuses on *Intensive* services, and Bexar on *Regular* services. Tarrant County designates all twenty of its workers as Intensive IHSS workers. Despite being a similar size county, Bexar has twenty more IHSS workers, but



only designates seven workers at the *Intensive* level. The rest provide *Regular* IHSS services. If this was true over the past four years, then it would explain the higher number of clients served in Bexar county as Regular workers can handle larger caseloads. It is unclear as to what the actual caseload per worker is over that time period.

The number of children in foster care and substitute care stayed relatively stable over the four-year period, until 1999. Texas averaged around 38,000 children in out-of-home care from 1994 until 1998. In 1998, Judge Scott McCown issued a Petition in Behalf of the Forsaken Children in Texas to the Governor and the 76th Legislature, which called for increasing funding for child welfare services, which was second lowest per capita in the nation. Governor Bush responded and pledged to increase funding and foster care services (TDPRS, 1999). In fiscal 1999, CPS removed 8,650 children from their homes, up from 6,917 in fiscal 1998 and 6,746 in fiscal 1997 (TDPRS, 2000). Some funding increases for foster care, and other child welfare services were appropriated using a variety of methods. General revenue state funds were supplanted with welfare reform, Temporary Assistance to Needy Families block grant funds, and state TANF-Maintenance of Effort (TANF, MOE) funds, but ultimately did not significantly increase overall child welfare spending.



In-Home Safety Services Funding

Funding for In-Home Safety Services in Texas is minimal and not cost effective. As noted earlier, the biggest child welfare cost is foster care payments (Courtney, 1998). The Adoption and Safe Families Act created shorter time lines for permanency planning when children are removed from the home. States must now spend more time, energy, and money speeding up the process through a judicial system. Associated cost to the legal system and added time for CPS workers to be involved in court cases rather than working with families, as they are hired to do, is inefficient and unfair to other families on the caseload. Investing in IHSS to provide child protection in the home saves money because ASFA time frames for permanency planning are not required, thus avoiding the costly legal system.

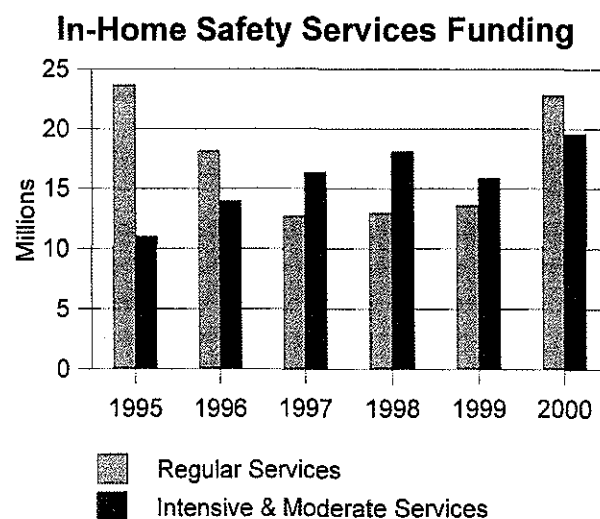
Family Preservation saves states money, and ultimately improves families. Spending on foster care exceeds \$3 billion, and spending on all out-of-home placement is \$7 billion

nationally (Courtney, 1998; Geen, Boots, Tumlin, 1999). Texas General Appropriations Act increased the budget for foster care payments to \$550 million, up \$50 million over 2000-2001 (HB1 Conference Report, 1999). Intensive IHSS services budget was increased only one million, to \$29 million over the same period (CPPP, 1999).

Texas has a mixed variety of funding streams for its IHSS programs. It utilizes all of its grant money from Title IV-B subpart 2, (Family Preservation and Support Program [FPSS], now Promoting Safe and Stable Families program [PSSF]), and a mix of state general revenue, Title IV-B subpart 1 child welfare money, and some Title XX Social Services Block grant money.

Texas funding for Moderate and Intensive IHSS services comes from the PSSF Title IV-B grant and general revenue funds. The money pays for the staff providing services and for purchased services. Texas has made an effort in recent years to increase the amount of purchased child welfare services (TDPRS, 1999). Regular IHSS services utilize more of a mix of funding streams, and have experienced inconsistent funding levels. For fiscal 2000, the emergency assistance and protective daycare budget reflects supplanting of state general revenue and Social Services Block Grant funds with TANF and TANF funds transferred to the Child Care Development Block Grant funding stream. This did not represent any significant overall increase in funding for *Regular* IHSS services. For fiscal 1996 and 1997, no money was allocated for emergency assistance projects, but was reallocated for fiscal 1998-2000 using TANF money. The largest increase of money has been directed at Protective Day Care programs in the Regular IHSS services budget, which increased by 4.7 million in fiscal 1995 to a budgeted 8.4 million in fiscal 2000.

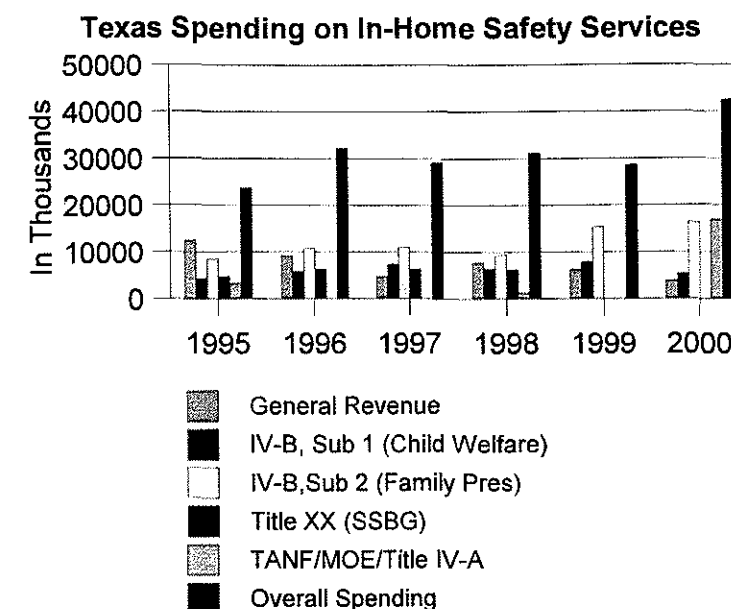
Other changes in the budget include a sharp decrease in use of state general revenue for *Regular* IHSS services. State general revenue funds for all IHSS services decreased from a high of 12.5 million for fiscal 1995 to a low of 3.8 million budgeted for fiscal 2000. By supplanting general revenue spending with TANF-Maintenance of Effort (MOE) funds, the state decreased state general funds for *Regular* IHSS services, despite the overall budget increase to 22.8 million in fiscal 2000. For a state to obtain its TANF grant, it must maintain



an effort of spending on services that it provided prior to the 1996 welfare reform legislation. Yet, in 1995, the state spent \$3.3 million on emergency assistance of its general revenue. For budgeted fiscal year 2000, the state did not use any general revenue but spent \$7.4 million in TANF-MOE funds for emergency assistance. Texas has utilized a loophole in the 1996 legislation which allows states that were spending relatively little on a

state-funded service to supplant large amounts of TANF-MOE for general revenue to free up state dollars for other purposes outside of TANF. While it may seem appealing to utilize TANF to increase spending, this budgeting approach did not significantly increase funding levels and services to families. It puts future funding in jeopardy if Congress does not reauthorize TANF funds at their current level and is not in the spirit of the 1996 legislation.

Funding for Regular IHSS services was cut drastically, to a low of \$12.8 million in fiscal 1997 from a \$23.7 million in fiscal 1995. A drop in state funds of over \$4 million from fiscal 1998 to budgeted fiscal 2000, Intensive and Moderate services' budgets experienced an overall budget increase to \$19.6 million for budgeted fiscal year 2000 because of increases of Title IV-B grants. Supplanting general revenue allowed TANF-related dollars to become the second largest category of funding and increase overall spending. CPS still relies heavily on Title IV-B money for Intensive and Moderate IHSS services and has decreased support from state general revenue. Title IV-B, subpart 2 funding for IHSS programs is based on the percentage of children receiving food stamps (GAO, 1995). The recent steep declines for Texans receiving food stamps could have an adverse effect on future funding for IHSS services, especially with the decline in use of state general revenue.



In-Home Safety Services Evaluations

The Department of Protective and Regulatory Services reported that no comprehensive state evaluations have been conducted for the Child Protective Services In-Home Safety Services Program. Child Protective Services is required by federal law to track results of their Family Preservation programs and report the results in reaching their goals set out in the state's five year plan (GAO, 1997). The Department is currently evaluating the effect of its intensive Family Preservation services outcomes and has designed a "data warehouse" for the extraction of related data from its computer system (TDPRS, 1999). It was unclear after further inquiries, as to the specific data tracked beyond what was reported in the initial survey. What are the outcomes being tracked? What are the results? Are any counties or regions performing at an exceptional level? If so, then publicize the good work In-Home Safety Services is doing! These questions need to be answered and made more accessible to the Legislature.

Research Conclusions

Research conclusions include increased caseloads per worker, troubling funding trends, lack of a comprehensive evaluation, yet good opportunities for positive change. Counties with all three levels of In-Home Safety Services have a greater opportunity to tailor services to meet the needs of the many families they serve and for the time period that is needed to strengthen the family unit. Counties that implement only Intensive IHSS programs, limit options to serve families that are not at imminent risk, but who still need In-Home Safety Services.

Some troubling trends were revealed in the research. The clearest and most troubling is the doubling of caseload-per-worker averages statewide. A reduction in the caseload per worker should continue to be a primary concern for PRS and the Legislature. While increases in Full-Time Equivalents will help, a better system for managing caseloads needs to be implemented (Lloyd, Sallee, 1997). Caseworkers cannot be expected to provide services with caseloads exceeding standards. While a majority of the Regions that include the most populated counties have also seen sharp increases, they are still within the recommended caseload range. Expanding the funding of IHSS programs and reducing caseloads will ultimately help increase safety and reduce the risk to children, and possibly reduce the risk of lawsuits. The research reveals no clear direction for Texas as a state, other than maintaining the status quo. State and county caseloads for IHSS programs, and the variance in staffing levels for each major county did not reveal any clear direction for Texas, or any significant trends, other than a sharp increase statewide in the number of children placed into foster care.

It would be more beneficial to have the some further pieces of information. The number of staff for each level of service in each county for all years studied would be helpful to understand any changes in focus on each level of services. This was more apparent after caseworker average caseloads by county were not available. Comparing staffing levels and what level of services the staff provides would give a clearer picture over time of the focus that the county has on providing IHSS services. Average caseloads per worker would allow for analysis of each county's progress in meeting national standards. If worker caseloads are too high, as Judge McCown's (1998) petition points out, it puts children at risk.

The commitment to the family preservation concept has remained largely in individual counties with no clear direction for the state as a whole. Texas has not put forth a significant effort to expand family preservation programs or philosophy state-wide since 1995. If counties or regions are having exceptional outcomes in IHSS programs, then the Legislature and public need to know. Unfortunately, Texas relies heavily on the philosophy of protecting children through foster care as is evident by the 1999 PRS budget increases, stated philosophy, and subsequent increase in children placed in foster care (TDPRS, 1999). A more balanced approach statewide to removal vs. in-home protection, reduces risks for children and ultimately strengthens families. The most accurate assessment of risk requires a balanced application of those approaches in successful family preservation (Lloyd, Sallee, 1994).

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Review of Current Resources

Supporting Families Through Short-term Foster Care B

an Essay Review

By

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This essay reviews a British qualitative study of short-term foster care from the perspectives of birth parents, children, foster parents, and social workers. Respondents highlighted the value of short-term foster care as a family support service, and also offered many recommendations for improving service delivery. The study provides useful implications for restructuring child welfare services in the United States and for promoting cross-national collaboration in future research activities in the area of child and family services.

As in the United States, short-term foster care (or accommodation in the British context) is increasingly being used in the United Kingdom. This is in line with the principles embodied in The Children Act 1989 (England and Wales), which emphasizes partnership between child welfare authorities and birth parents to promote the welfare of children placed in out-of-home care or at risk of placement in such care. But how effective is short-term fostering in preventing long-term family breakdown? How useful is it as a family support program in the continuum of services available for children in families at risk of disruption? How can its effectiveness be enhanced?

In their intensive study, *Supporting Families through Short-term Fostering*, Jane Aldgate and Marie Bradley (1999) examine short-term foster care in England from the perspectives of those most closely involved in it: birth parents, children, foster parents, and social workers. Using a qualitative-exploratory design, the authors trace the progress of a purposive sample of the above participants in 60 cases located in four local social service

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Family Preservation Institute, New Mexico State University

departments ranging from urban areas to smaller towns to rural settings. The researchers conducted informal, in-depth interviews with birth parents, foster parents, social workers, and children at two points in time (Aldgate and Bradley, 1999: 29):

- when the offer of short-term accommodation had been made and had been accepted by the family
- at a re-testing after at least nine months had elapsed and the accommodation was ongoing, or sooner if the arrangements had ended earlier

In addition, outcome measures were obtained through standardized tests with parents (Levinson's tri-dimensional locus of control test) and children (Kovacs Children's Depression Inventory).

The findings show that most parents felt that the service had helped to meet their needs, particularly in regard to offering time off from the children, strengthening their relationships with spouses or partners, and improving their own health and employment prospects. At the same time, parents expressed their concern about their social isolation and a longing for help to rebuild their links with relatives and with the community. The majority of children also liked the experience of short-term fostering, especially the attention provided by the foster parents; the feeling that they were treated as individuals; and the opportunities to play with other children in the foster family. However, most of the children resented being away from home. As found in other studies, they longed to return to their parents as soon as possible (Bullock, Gooch, and Little, 1998).

As for the foster parents, fostering provided an important source of income; but many of them expressed a number of concerns, notably in regard to their inadequate preparation for working with "demanding" parents and "aggressive" children; the frequent comings and goings of children; and the sometimes abrupt ending of the placement. Social workers, on the other hand, rated the service positively and felt competent in training and supporting care givers and in empowering parents. They seemed to feel less adequate in working with children and unclear in consulting children regarding decision-making, a role that was required by the statutes.

In light of the paucity of research on client and worker perception of child welfare services in the United States, this well-organized and well-executed study is critical and useful, as it offers a number of messages for policy, practice, and research. In particular, it reinforces the importance of policies and strategies that empower families, promote continuing parent-child relationships while the child is in care, and treat short-term fostering as a *family support service*. Increased emphasis on such supportive services for vulnerable families could help deal with the danger of accelerating permanent removal of children from their families which, as Pelton (1999) has charged, is often a consequence of current welfare reform legislation and programs.

Family Preservation Journal (Volume 5, Issue 2, 2001)
Family Preservation Institute, New Mexico State University

In the area of practice, the study highlights the role of the social worker as a family support specialist and “care manager”; the use of short-term fostering as a therapeutic intervention for parents and children in appropriate cases; and the value of locating foster care services in the neighborhoods in which birth families live. In regard to research, there are implications for finding ways to promote the therapeutic use of parent-child visiting; strengthening the role of foster parents as consultants to the birth parents; engaging children in care in decision-making on their behalf; and promoting family reunification.

Although short-term fostering was found to be sufficient in most cases, there were situations in which more intensive and extensive services were needed to avert or deal with risks. For this reason, Aldgate and Bradley (p. 216) conclude:

Short-term accommodation, therefore, needs to be available as one of a broad range of services for families under stress. Only by offering a large menu of family support services can there be more choices for families. Creating choice is in itself the foundation of community-based social services to promote the welfare of children in need.

The above conclusion is consistent with the recommendations made in recent years by various scholars in regard to improving or restructuring child welfare services in the U.S., empowering children and families, and enhancing child welfare outcomes. (See, for example, Barbell and Wright, 1999; McGowan and Walsh, 2000; Pelton, 1992; and Waldfogel, 2000). In the long run, cross-national collaboration with researchers in England and other countries can help us achieve these goals. Attention to the work of Aldgate and Bradley can help stimulate such collaboration in the immediate future.

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Perspective on Review of Children Who Could Have Been by Leroy Pelton

William M. Epstein

I wish to provide your readers some perspective on Leroy Pelton's recent review of my book, Children who Could Have Been (FPJ 2000 5(1)).

The least that Pelton could have acknowledged in his diatribe was that his research was roundly criticized in the book he was reviewing. Indeed, his work is an instance of pernicious liberalism, the notion that a little bit of care and professional wisdom is sufficient to correct lifetimes of abuse. Following are a few of the paragraphs that discuss his point of view and that may help explain the tone of his review. *Family Preservation Journal* might have also picked a less involved reviewer or prefaced his review with a description of his position in the book. In any event, the curious reader might compare Pelton's review with the book itself.

Pelton (1989; 1994), a social worker and an avowed liberal exemplifies the intellectual transformation of the needs of maltreated children into morsels of professionalization and a confederacy of trivial programs. He argues that many more families can be preserved and many more foster children can be reunited with their families by resolving the child welfare worker's conflicting responsibilities and by simply redirecting the expenditure of existing child welfare resources from the treatment and care of foster children to concrete services for their natural families. Thus, the enduring conundrums of child welfare are transformed into relatively congenial tasks of professional technique and programmatic design and largely within existing budgets.

Pelton (1989) asserts that a “dual role” circumscribes the effectiveness of child welfare workers. The role conflict is created when workers have responsibilities for both policing reportedly maltreating parents and offering them services. Pelton argues that by relieving the workers of their punitive functions, their effectiveness in providing services will greatly improve. Nevertheless, it seems fanciful to focus on professional role conflicts when the amount of unmet need is so great; when the literature has failed even under optimal conditions to credibly demonstrate any return for modestly funded and underfunded psycho-social interventions; and when the surveillance of maltreating families may be the only benefit of family preservation and reunification services. The field with its voluntary and pacifist commitments may be blind to the benefits of surveillance and policing.

Pelton defines poverty principally as “material hardship,” and argues that it is the root cause of failed families; maltreatment is a minor problem. Therefore, he proposes a range of concrete services—day care, respite, income assistance, housing, and so forth—to prevent many if not most family dissolutions that result from abandonment and neglect. Furthermore by reducing the daily frustrations of low income through concrete services, far fewer children will be abused. Pelton has read through the literature exhaustively but with

a directed finger in order to claim that the research supports both his structural analysis of the causes of placement and the effectiveness of his solutions.

There is overwhelming and remarkably consistent evidence—across a variety of definitions and methodologies and from studies performed at different times—that poverty and low income are strongly related to child abuse and neglect and to the severity of child maltreatment. Children from impoverished and low-income families are vastly overrepresented in the incidence of child abuse and neglect. The strong relationship between poverty and low income and child abuse and neglect holds not only for child abuse and neglect in general but for every identified form of child abuse and neglect, including emotional abuse, emotional neglect, and sexual abuse. (Pelton, 1994, 167)

However, Pelton's simplistic structural theory of the causes of social failure, in moralistic and stern denial of any entrenched behavioral differences that could possibly distinguish the poor from the nonpoor, has never been credibly verified. The belief that only superficial differences distinguish socio-economic classes in the United States naturally endorses comforting and inexpensive policy proposals such as Pelton's ambition to divert child welfare services from long term care to concrete services. These sorts of proposals and theories tend to cheapen the problems of poverty by avoiding any deep scrutiny of the American social system itself. Yet, correlation is not cause and even if Pelton's studies were able to conclude convincingly that poverty as material deficit is the principal cause of family failure, they have still not identified either the determinants of poverty itself nor effective points of intervention.

No study has demonstrated that modestly raising income or easing material hardship has the effect of improving family functioning. To the contrary and in defiance of liberal dogma, the line of causation may often run from behavioral problems (addiction, violence, impulsiveness) to an inability to secure adequate income. Indeed, Mayer (1997) is laying claim to academic fame by an attempt to establish the moral roots of good parenting, even among the poor. Yet subcultural presumptions are usually plausible precursors for structural factors. Thus, initial cause becomes an arbitrary point of regression in an endless chain of personal behavior and structural conditions. In short, the causes of social failure, including poverty, have defied rational testing, while the body of research cannot sustain the heightened value of concrete services over behaviorally oriented interventions such as counseling and psychotherapy. It is becoming clearer that very little is known about "welfare as we know it" (Epstein, 1997).

Pelton's reading of his own base of studies is problematic for other reasons as well. He draws powerful conclusions about class bias—that the greater incidence of abuse and

neglect among poorer people is a result of discriminatory assumptions by middle class workers—from a series of analog studies with contradictory findings: "we might have expected an expanded and more vigilant public watch to produce an increased proportion of reports from above the lower class, but this has not happened" (Pelton, 1994, 133). Pelton cites this observation as proof that bias against the poor accounts for their disproportionate child placement rates. At the same time, he paradoxically presses the antagonistic assumption that true material hardship (absent in the middle class) and not just stereotypical labeling is the true cause of much child neglect and maltreatment. Yet, the actual prevalence of neglect and maltreatment, let alone its determinants, within any socio-economic class has not been established. Moreover, neither Mayer nor Pelton can get past the social sciences' problem of self-selection in any of its non-experimental, correlational studies based upon data from the large national panel studies. (*Children who Could Have Been* 37-8)

Pelton (1989) may be accurate in observing that "there is now overwhelming evidence of a strong relationship between poverty and abuse and neglect" (38). However, he ignores cultural poverty as a determinant of maltreatment while his argument is marred by the many methodological problems of his sources, notably sample representativeness and unreliable data collection, in comparing these behaviors across socioeconomic groups. Moreover, many of Pelton's sources (in both 1994 and 1989) are political bulletins, not serious empirical estimates of social conditions. Lindsey (1994) expands the base of support for Pelton's contentions. Still, nothing in the methodologies of these studies or of any other research confirms the causal relationship of economic poverty per se to maltreatment.

Nevertheless, it does appear to be accurate that the child welfare system draws principally from the poor, and as Pelton (1989) insists, the poorest of the poor (also corroborated by Lindsey 1994 and the authors in Barth, Berrick, and Gilbert 1994 and Berrick, Barth, and Gilbert 1997). At the same time, however, parents who mistreat their children appear to be less competent than a variety of comparison groups, including those of the poor on AFDC, reported in five weak, regional, small sample studies (Gaudin and Dubowitz in Barth, Berrick, and Gilbert 1997). In addition, a variety of studies have documented the medical, mental, and emotional deficits of the birth parents whose children are placed. Yet again, the relationship between economic poverty and parental incapacity is still empirically unproven.

Charges of inappropriate removal from birth parents—conjuring up a Nurse Ratchet insensitivity and a cultural imperialism oppressing the colorful, Left Bank, iconoclastic lifestyles of economically frayed but still caring parents—are substantiated to the degree that the quality of current foster parents becomes an acceptable standard of care. In this case, the placement choice is restricted to either inadequate natural parents or inadequate (although somewhat less so) foster parents. This choice, abetted by budgetary restraint, tends to weigh against removal. Yet, the documentation for inappropriate removal as well as the

capriciousness of child welfare decision-making generally (see below) is not convincing; these studies implicitly use very sorry standards that seem to argue that the actual quality of foster parents is inevitable for public services. In this way, the cultural intolerance of the worker slyly replaces parental deficiency as the cause of removal, creating the appearance of a great number of inappropriate decisions.

Curiously, the conclusion of inappropriate removal actually relies upon the literature's inability to establish any fact convincingly but still holds to a more general position that poverty itself is the cause of child maltreatment and placement. However, without near infinite knowledge, a residual logic is very chancy. Pelton (1989) argues that because the inadequacies of parents to provide appropriate care for their children have not been well established, economic poverty, which he can establish with some authority, is all that remains to explain both their deficiencies and removal. In this case, poverty is not an intractable cultural problem requiring that children be removed from their parents. Instead with supportive, concrete services, placements can be prevented and children can be successfully reunited with their parents. These services include emergency caretakers and homemakers, housing assistance, emergency cash assistance, accident prevention (including rodent control, lead paint programs, and so forth), baby sitting, day care and night care, parenting skills education, visiting nurses, parent aids, self-help support groups, substance abuse and other referrals to other health and welfare agencies, respite care, crisis intervention, counseling and others (Pelton 1989 163).

There is little recognition, however, that these services have failed to achieve their goals. Yet, even if the full battery of services were to be provided at truly intensive levels, and this has never been tried, their very intensity would acknowledge a profound incapacity to parent children and therefore would argue forcefully for removal and not the perpetuation of abuse and neglect behind a trellis of supportive services. Essential emotional and social bonds with children have in all likelihood been broken and probably irreparably when parents require such an extensive array of support. It is notable that Pelton (1989) avoids any estimate of the extent to which his catalogue of care will succeed in preventing placement. The simple observation that children in foster care are drawn from among the poorest of the poor does not lead to the conclusion that repairing their material deficits will naturally lead to socially capable behavior. Furthermore, the therapeutic services that Pelton sneaks into his list of concrete care—counseling, drug and alcohol programs, and his allusion to referrals—have never credibly achieved their therapeutic goals. (Page 61-2).

Response to William M. Epstein

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I am flattered that Epstein has devoted so many paragraphs of his already-slender book to ruminations about my own writing. However, if we were to play by his personal rules, not only I, but a long list of child welfare scholars would be disqualified from reviewing his work. Perhaps that was the point of his ad hominem attacks on many of them.

In citing my 1994 publication ("The Role of Material Factors in Child Abuse and Neglect," in Melton and Barry, eds., *Protecting Children from Abuse and Neglect*, Guilford Press, pp. 131-181), Epstein ignores my conclusions that to reduce child abuse and neglect, child poverty should be reduced on a massive scale, such as through the provision of a guaranteed minimal income, the establishment of an unconditional right to employment at wages compatible with an adequate level of living, or creation of a universal children's allowance. These proposals are hardly trivial, but Epstein apparently has no use for them.

Perhaps Epstein thinks he should be congratulated for his revelation that human behavior is determined by a mixture of personal as well as environmental factors, but his attribution of a "simplistic structuralism" to me for pointing out the fact of a strong relationship between poverty and child abuse and neglect is an act of intellectual dishonesty. He compounds this dishonesty by ignoring, in the same 1994 publication which he cites, my lengthy discussion of personal factors in child abuse and neglect, and the mediating factors between poverty and maltreatment.

It is gratifying that Epstein adds his voice to others in trying to divine the true meaning of the relationship between poverty and child abuse and neglect, but he draws different policy implications than I do from the personal factors and deficiencies, such as low cognitive ability, that have been conjectured to be contributors to child abuse and neglect. While Epstein seemingly prefers a mass transfer of poor children to institutions, I would prefer that we address personal deficiencies by offsetting them, wherever possible, through the provision of compensatory supports. I believe that we have the responsibility to make reasonable efforts to prevent the need for more drastic action. Some coping incapacities may be difficult to change, but their effects can be counteracted. Epstein refers to some of the supports I suggest in this regard as "trivial," but then claims that if they were to be offered at "intensive" levels, the very need for them would argue for removal. This is illogical nonsense. The need to increase the resources for preventive supports in order to reduce the

need for placement, according to Epstein, argues for the need for increased funding of institutionalization instead.

In a paragraph that Epstein mistakenly identifies as a quotation from his book, he claims that I attribute the greater incidence of child abuse and neglect and placement among the poor to class discrimination. This is incorrect—on the very same page he refers to in my 1994 publication, I show that the evidence from studies of bias is actually weak, and moreover, I conclude that “there is substantial evidence that the strong relationship between poverty and child abuse and neglect is not just an anomaly of reporting systems or personal biases.” The fact that an expanded and more vigilant public watch did not produce an increased proportion of reports from above the lower class indicated to me that an increased proportion of child abuse and neglect was not there—not that there was class bias in reporting.

If there is any “middle class bias” here, it is Epstein’s. He is silent about my assertions that he engages in crude stereotyping of large groups of parents, children, and foster parents, without a shred of evidence to support his bigoted views. But in addition, he makes no response to my assertions that he libels specific child welfare researchers with a mean-spiritedness backed by no evidence whatsoever; that his criticisms of specific research studies are insubstantial and nonsensical; that he presents no evidence of the effectiveness of institutionalization; and that his rhetoric about more “generous” interventions amounts to obfuscation. Against all of these charges, he apparently has no defense.